

ORIGINAL

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E-filing

FILED

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IN THE UNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF CALIFORNIA  
RICHARD W. WIEKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

MMC

PEDRO GOMEZ,  
PLAINTIFF

CV 08

2969

v.

CASE NO.

(PR)

COMPLAINT FOR DAMAGES  
CIVIL RIGHTS UNDER  
42 U.S.C. 1983

DEMAND FOR JURY TRIAL

MERLE SOGGE, DOCTOR (DR) OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILI-  
TATION (CDCR), AT PELICAN BAY STATE  
PRISON (PBSP);

C. WILLIAMS, DR. OF CDCR AT PBSP;  
LINDA ROWE, DR. OF CDCR AT PBSP;

SUSAN WADDELL, REGISTERED NURSE (R/N)  
OF CDCR AT PBSP;

LORI BREE, R/N OF CDCR AT PBSP;

JANE DOE, MEDICAL TECHNICAL ASSIS-  
TANT (MTA), OF CDCR AT PBSP;

DAVID TIMME, R/N OF CDCR AT PBSP;

J. CARR, R/N OF CDCR AT PBSP;

R. MILLS, CORRECTIONAL OFFICER (C/O)  
OF CDCR AT PBSP;

D. QUAM, C/O OF CDCR AT PBSP;

STRAIN, SERGEANT (SGT) OF CDCR AT  
PBSP;

JOHN DOE, SGT OF CDCR AT PBSP;

SANDRA SAUNDERS, DR OF SUTTER COAST  
HOSPITAL (SCH);

SUSAN SCHOMMER, DR OF SCH;

ANDREAN GUROV, DR OF SCH;

DONALD MICHELETTI, DR OF SCH;

GINA GASTELUM, P.A. OF SCH;

SYLVIA NASH, DR. OF SCH;

COX, C/O OF CDCR AT PBSP.

DEFENDANTS,

IN THEIR INDIVIDUAL CAPACITIES

PLAINTIFF PEDRO GOMEZ COMPLAINS AGAINST DEFENDANTS AS FOLLOWS:

## I. INTRODUCTION

(1) THIS IS A COMPLAINT FOR DAMAGES BROUGHT UNDER 42 U.S.C. SECT. 1983, TO REMEDY CONSTITUTIONAL AND STATE LAW VIOLATIONS IN CONNECTION WITH THE DEFENDANTS DELIBERATE INDIFFERENCE TO PLAINTIFF'S SERIOUS MEDICAL NEEDS, EXCESSIVE FORCE, MALPRACTICE, FAILURE TO PROVIDE IMMEDIATE MEDICAL CARE, AND THE BATTERY ON PLAINTIFF PEDRO GOMEZ IN MAY 17<sup>TH</sup>, 2007, THROUGH MAY 25<sup>TH</sup>, 2007. THE ABOVE ALLEGATIONS WERE VIOLATIONS OF HIS CONSTITUTIONAL RIGHTS UNDER THE EIGHTH AMENDMENTS' PROHIBITION AGAINST CRUEL AND UNUSUAL PUNISHMENT. DEFENDANTS ALSO VIOLATED PLAINTIFFS' STATE LAW RIGHTS UNDER CALIFORNIA STATE TORT LAW.

## II. JURISDICTION

(2) THIS CASE IS BROUGHT PURSUANT TO 42 U.S.C. SECT. 1983, BECAUSE PLAINTIFFS' CONSTITUTIONAL RIGHTS WERE VIOLATED BY AN INDIVIDUAL ACTING UNDER THE COLOR OF STATE LAW. JURISDICTION IS BASED ON 28 U.S.C. SECTIONS 1331 AND 1343. THE COURT ALSO HAS SUPPLEMENTAL JURISDICTION OVER THE STATE LAW CLAIMS, UNDER 28 U.S.C. 1367

## III PARTIES

(3) PLAINTIFF PEDRO GOMEZ, IS A PRISONER OF THE STATE OF CALIFORNIA, PRESENTLY INCARCERATED AT PELICAN BAY STATE PRISON, AND WHO WAS INCARCERATED IN THAT PRISON AT ALL TIMES RELEVANT TO THIS ACTION.

(4) DR. MERLE SOGGE, IS A DOCTOR AND EMPLOYEE OF THE CALIFORNIA

1 DEPARTMENT OF CORRECTIONS AND REHABILITATION, (CDCR) EMPLOYED AT  
2 PELICAN BAY STATE PRISON, (PBSP) AND HELD THAT POSITION AT ALL TIMES  
3 MENTIONED HERE IN.

4 (5) DR. C. WILLIAMS, IS A DR. AND EMPLOYEE OF THE CDCR.  
5 AND EMPLOYED AT PBSP, WHO HELD THAT POSITION AT ALL TIMES MEN-  
6 TIONED HERE IN.

7 (6) DR. LINDA ROWE IS A DR. AND EMPLOYEE OF THE CDCR, EMPLOYED  
8 AT PBSP, AND HELD THAT POSITION AT ALL TIMES MENTIONED HEREIN.

9 (7) R/N SUSAN WADDELL, IS AN R/N AND EMPLOYEE OF THE CDCR.  
10 EMPLOYED AT PBSP, AND HELD THAT POSITION AT ALL TIMES MENTIONED  
11 HERE IN.

12 (8) R/N LORI BREE, IS A R/N AND EMPLOYEE OF THE CDCR, EM-  
13 PLOYED AT PBSP, AND HELD THAT POSITION AT ALL TIMES MENTIONED  
14 HERE IN.

15 (9) MTA. JANE DOE, IS AN MTA. AND EMPLOYEE OF THE CDCR, EM-  
16 PLOYED AT PBSP, AND HELD THAT POSITION AT ALL TIMES MENTIONED  
17 HERE IN.

18 (10) R/N DAVID TIMME, IS AN R/N AND EMPLOYEE OF THE CDCR,  
19 EMPLOYED AT PBSP, AND HELD THAT POSITION AT ALL TIMES MENTIONED  
20 HERE IN.

21 (11) R/N J. CARR, IS AN R/N AND EMPLOYEE OF THE CDCR, EMPLOYED  
22 AT PBSP, AND HELD THAT POSITION AT ALL TIMES MENTIONED HERE IN.

23 (12) C/O R. MILLS, IS A CORRECTIONAL OFFICER FOR THE CDCR, EM-  
24 PLOYED AT PBSP, HOLDING THE RANK OF A CORRECTIONAL OFFICER, AND  
25 HELD THAT POSITION AT ALL TIMES MENTIONED HERE IN.

26 (13) C/O D. QUAM, IS A CORRECTIONAL OFFICER FOR THE CDCR, EMPLOY-  
27 ED AT PBSP, HOLDING THE RANK OF AN OFFICER, AND HELD THAT POSI-  
28 TION AT ALL TIMES MENTIONED HERE IN.

1 (14) SGT. STRAIN, IS A CORRECTIONAL OFFICER FOR THE CDCR, EM-  
2 PLOYED AT PBSP, HOLDING THE RANK OF A SERGEANT AND HELD THAT  
3 POSITION AT ALL TIMES MENTIONED HERE IN.

4 (15) SGT. JOHN DOE, IS A CORRECTIONAL OFFICER FOR THE  
5 CDCR, EMPLOYED AT PBSP, HOLDING THE RANK OF A SERGEANT AND  
6 HELD THAT POSITION AT ALL TIMES MENTIONED HERE IN.

7 (16) C/O COX, IS A CORRECTIONAL OFFICER FOR THE CDCR, EM-  
8 PLOYED AT PBSP, HOLDING THE RANK OF AN OFFICER, AND HELD THAT  
9 POSITION AT ALL TIMES MENTIONED HERE IN.

10 (17) DR. SANDRA SAUNDERS, IS A DOCTOR AND EMPLOYEE OF SUT-  
11 TER COAST HOSPITAL, AND HELD THAT POSITION AT ALL TIMES MENTIONED  
12 HERE IN.

13 (18) DR. SUSAN SCHOMMER, IS A DOCTOR AND EMPLOYEE OF SUT-  
14 TER COAST HOSPITAL, AND HELD THAT POSITION AT ALL TIMES MENTIONED  
15 HERE IN.

16 (19) DR. ANDREAN GUROV, IS A DOCTOR AND EMPLOYEE OF SUT-  
17 TER COAST HOSPITAL, AND HELD THAT POSITION AT ALL TIMES MENTIONED  
18 HERE IN.

19 (20) DR. DONALD MICHELETTI, IS A DOCTOR AND EMPLOYEE OF  
20 SUTTER COAST HOSPITAL, AND HELD THAT POSITION AT ALL TIMES MEN-  
21 TIONED HERE IN.

22 (21) P.A. GINA GASTELUM, IS A PHYSICIAN ASSISTANT AND EM-  
23 PLOYEE OF SUTTER COAST HOSPITAL, AND HELD THAT POSITION AT ALL  
24 TIMES MENTIONED HERE IN.

25 (22) DR. SYLVIA NASH, IS A DOCTOR AND EMPLOYEE OF SUTTER  
26 COAST HOSPITAL, AND HELD THAT POSITION AT ALL TIMES MENTIONED  
27 HERE IN.

28 (23) AT ALL TIMES MENTIONED HERE IN, THE DEFENDANTS, AND

1 EACH OF THEM WERE EMPLOYEES OF THE STATE OF CALIFORNIA.

2 (24) EACH DEFENDANT IS SUED IN HIS INDIVIDUAL CAPACITY. AT  
3 ALL TIMES MENTIONED IN THIS COMPLAINT, EACH DEFENDANT ACTED  
4 UNDER COLOR OF STATE LAW.

5  
6 IV STATEMENT OF FACTS  
7

8 (25) ON THURSDAY, MAY 17TH, 2007, I WAS SCHEDULED FOR A  
9 "LIVER BIOPSY" AT THE CORRECTIONAL TREATMENT CENTER (CTC) PBSP.  
10 [SEE EXHIBIT "A." ]

11 (26) THAT MORNING (5/17/07) AT APPROXIMATELY 6:15 AM. I WAS  
12 ESCORTED TO THE CTC. I WAS TOLD THAT I WAS GOING TO HAVE  
13 MY VITAL SIGNS TAKEN PRIOR TO MY LIVER BIOPSY, TO MAKE CERTAIN  
14 ALL WAS NORMAL AND GOOD TO PROCEED.

15 (27) MY VITAL SIGNS WERE TAKEN BY AN R/N AND I ASKED  
16 HER IF EVERYTHING WAS OKAY WITH ME, AND SHE RESPONDED "PERFECT."

17 (28) MINUTES LATER I WAS TOLD TO TAKE MY SHIRT OFF AND I  
18 WAS THEN ESCORTED TO A ROOM WHERE I WAS TOLD TO LAY ON A BED.

19 (29) THE OPERATING DOCTOR, DR. MERLE SOGGE WALKED INTO THE  
20 ROOM, AND TOLD ME TO RAISE MY HANDS ALL THE WAY UP ABOVE MY  
21 HEAD SO HE COULD SEE MY FULL BODY STRETCHED FROM WAIST AND  
22 ABOVE.

23 (30) DR. SOGGE THEN ASKED ME TO TAKE A FEW DEEP BREATHS, WHICH  
24 I DID. I THEN FELT SHARP TAPS (FROM HIS FINGERS) ON THE RIGHT SIDE  
25 OF MY RIB-CAGE. DR. SOGGE USED HIS PEN TO IDENTIFY WITH INK, TWO  
26 SEPARATE PARTS ON MY BODY. THE TWO MARKS WERE LOCATED INCHES  
27 APART FROM ONE ANOTHER.

28 (31) DR. SOGGE THEN PLACED COVERS OVER MY BODY. THE COVERS HAD

1 A HOLE WHERE THE PROCEDURE WAS TO TAKE PLACE. DR. SOGGE THEN  
2 TURNED AND GRABBED A GIGANTIC NEEDLE (SYRANGE), AND HE TOLD  
3 ME TO TAKE A FEW DEEP BREATHS.

4 (32) I THEN TOOK A DEEP BREATH, AND DR. SOGGE TOLD ME TO EX-  
5 HALE, HE THEN ASKED ME TO TAKE ANOTHER DEEP BREATH, WHICH I DID,  
6 AND IN THE PROCESS OF ME INHALING, I FELT AN IMMEDIATE SHARP  
7 PAIN INSIDE OF MY BODY TOWARDS THE CENTER OF MY CHEST.

8 (33) AT THAT POINT I COULDN'T BREATH NORMALLY. DR. SOGGE SAID  
9 THAT, THAT WAS WITHIN NORMAL EXPECTATIONS. AFTER THIS PROCEDURE  
10 I WAS THEN ROLLED INTO A DIFFERENT ROOM WHERE TWO OFFICERS WAT-  
11 CHED OVER ME FOR THE NEXT TWO HOURS.

12 (34) DURING THOSE TWO HOURS, R/N WADDELL CHECKED MY TEMPER-  
13 ATURE EVERY 15 (FIFTEEN) MINUTES. DURING A COUPLE OF THOSE TEM-  
14 PERATURE CHECKS I TOLD R/N WADDELL THAT I COULDN'T BREATH NORMAL-  
15 LY BECAUSE I'D GET A PINCHING PAIN ON THE LOWER RIGHT SIDE OF  
16 MY STOMACH AND PAIN ON MY CHEST.

17 (35) R/N WADDELL SAID I WAS OKAY, THAT IT WAS NORMAL AND THAT  
18 IT WOULD GO AWAY. WHEN THE TWO HOURS ELAPSED I WAS ABLE TO BREA-  
19 TH A LITTLE BETTER. I WAS STILL IN PAIN, BUT I WAS TOLD BY  
20 R/N WADDELL THAT IT WAS OKAY AND THAT IT WOULD GO AWAY.

21 (36) R/N WADDELL THEN TOLD ME THAT IF I HAD ANY PROBLEMS  
22 WITH MY HEALTH, DUE TO THE LIVER BIOPSY, TO IMMEDIATELY LET ME-  
23 DICAL STAFF KNOW. [SEE EXHIBIT "B." PBSP INSTRUCTIONS FOR PERCUTANEOUS  
24 LIVER BIOPSY.] I WAS THEN ESCORTED TO MY CELL.

25 (37) THAT SAME NIGHT I RECEIVED VIA INSTITUTIONAL MAIL, A PBSP  
26 INSTRUCTIONS FOR PERCUTANEOUS LIVER BIOPSY, [SEE EXHIBIT "B"] WHICH  
27 INSTRUCTED ME TO LET MEDICAL STAFF KNOW IF I DEVELOPED; "SHORTNESS  
28 OF BREATH"; PERSISTING BLEEDING FROM PUNCTURE SITE'; ABDOMINAL DIS-



1 STRESS, 'FAINTING SPELLS,' OR FEVER'; 'TEMPERATURE GREATER THAN  
2 100 DEGREES BY MOUTH.'

3 (38) THE FOLLOWING DAY, FRIDAY MAY 18TH, 2007, I HAD TROUBLE  
4 SLEEPING AND FELT A LITTLE PAIN THAT WOULD COME AND GO. I DID  
5 NOT BRING THIS FACT TO THE MEDICAL STAFF BECAUSE I HAD BEEN  
6 ASSURED BY R/N WADDELL THAT IT WAS NORMAL TO HAVE A LITTLE PAIN,  
7 AND THAT IT WOULD GO AWAY.

8 (39) ON SATURDAY, MAY 19TH, 2007, I WOKE UP AT ABOUT 5:00 AM.  
9 I FELT PAIN ON MY CHEST AND STOMACH AREA. THE PAIN WOULD  
10 COME AND GO IN SPORADIC BURSTS.

11 (40) LATER THAT DAY DURING 2ND WATCH, I WAS ONCE AGAIN  
12 HAVING PAIN ON MY CHEST AND STOMACH AREA, AND WAS HAVING  
13 TROUBLE BREATHING. I THEN TOLD THE CONTROL BOOTH OFFICER  
14 JOHN DOE, THAT I HAD JUST HAD A LIVER BIOPSY TAKEN ON  
15 MAY 17TH, 2007 AND THAT I WAS HAVING PAIN ON MY CHEST AND  
16 STOMACH AREA, AND THAT I WAS TOLD BY MEDICAL STAFF TO  
17 INFORM THEM IF I WAS HAVING ANY COMPLICATIONS.

18 (41) CONTROL BOOTH OFFICER DID NOT CALL MEDICAL STAFF, THUS  
19 NO ONE CAME TO SEE ME, AND I WAS FORCED TO ENDURE SPORA-  
20 DIC PAINS ALL DAY AND NIGHT.

21 (42) ON SUNDAY MAY 20TH, 2007, I ONCE AGAIN AWOKE EARLY  
22 AT ABOUT 4:00 OR 5:00 AM. THE PAIN I WAS NOW EXPERIENCING  
23 WAS STRONGER. I GOT WORRIED BECAUSE THE PAIN WAS MORE FRE-  
24 QUENT AND WAS NOT GOING AWAY. MY CHEST AND STOMACH AREA  
25 WAS SEVERELY BOTHERING ME AND I STARTED GETTING LIGHTHEADED  
26 AND SHORTNESS OF BREATH. I FELT THIS WAY MOST OF THE DAY AND  
27 CAME TO THE POINT WHERE I COULD NO LONGER TAKE THE PAIN.

28 (43) ON 2ND WATCH, I TOLD (C-4) THE FLOOR OFFICER COX, THAT

1 I HAD JUST WENT THROUGH A LIVER BIOPSY ON THURSDAY MAY 17<sup>TH</sup>, AND  
2 THAT I WAS HAVING PROBLEMS BREATHING, AND THAT MY CHEST AND STO-  
3 MACH WERE BOTHERING ME, AND THAT I WAS IN SEVERE PAIN.

4 (44) C/O COX MERELY BRUSHED MY MEDICAL CONDITION ASIDE  
5 AND DID NOTHING TO OBTAIN /ACQUIRE MEDICAL ASSISTANCE FOR ME.  
6 I WAS FORCED TO ENDURE PAIN AND SUFFERING THE ENTIRE DAY  
7 WITHOUT MEDICAL TREATMENT.

8 (45) ON MONDAY, MAY 21<sup>ST</sup>, 2007, THE PAIN JUST INCREASED  
9 AND I STARTED GOING THROUGH SOME EXCRUCIATING PAINFUL BOUTS.  
10 I TOLD CONTROL BOOTH OFFICER SHIPPLEY AND FLOOR C/O DOERING. I  
11 TOLD C/O SHIPPLEY THAT I NEEDED TO SEE THE DOCTOR BECAUSE THE PAIN  
12 WAS KILLING ME. I TOLD C/O SHIPPLEY THAT I HAD JUST GOTTEN A  
13 "LIVER BIOPSY" ON THE 17<sup>TH</sup> (FEW DAYS AGO) AND THAT I WAS HAVING  
14 PROBLEMS BREATHING AND THAT MY CHEST AND STOMACH WERE BOTHERING  
15 ME.

16 (46) TIME PASSED AND NO MEDICAL STAFF ARRIVED, SO I ASKED  
17 C/O SHIPPLEY, "WHAT HAPPENED TO THE DOCTOR?" C/O SHIPPLEY SAID,  
18 "I TOLD THEM ALREADY." I THEN STATED, "I NEED TO SEE A DOCTOR  
19 NOW!" I'M IN PAIN!" HE SAID HE WOULD CALL AGAIN.

20 (47) I DID NOT SEE MEDICAL STAFF ON 2<sup>ND</sup> WATCH, DESPITE MY  
21 NUMEROUS REQUESTS. HOURS PASSED AND DURING 3<sup>RD</sup> WATCH, ABOUT  
22 5:30 PM, THE PAIN GOT SO BAD THAT I HAD TO LAY ON MY BED  
23 HOLDING MY STOMACH AND CHEST, JUST RUBBING IT, HOPING THE  
24 PAIN WOULD GO AWAY.

25 (48) THE PAIN GOT SO SEVERE THAT I COULD NOT TAKE IT, AND  
26 THE PRISONERS IN MY SECTION HAD TO CALL HELP FOR ME. I JUST  
27 LAID IN BED WAITING FOR MEDICAL STAFF TO ARRIVE.

28 (49) THE FIRST PERSON TO ARRIVE WAS C/O JONES. I TOLD



1 C/O JONES, "I HAD A LIVER BIOPSY ON THE 17TH, AND I'VE BEEN  
2 HAVING PROBLEMS EVER SINCE. C/O JONES SAID HE WAS GOING TO  
3 SEE IF HE COULD GET THE MEDICAL TECHNICIAN ASSISTANT (MTA) TO  
4 COME OVER.

5 (50) A FEW MINUTES LATER C/O JONES AND C/O MC NAMARA ARRIVED AT  
6 THE FRONT OF MY CELL. C/O MC NAMARA STARTED ASKING ME QUESTIONS  
7 REGARDING MY HEALTH STATUS.

8 (51) I TOLD C/O MC NAMARA PRACTICALLY THE SAME THING I TOLD  
9 C/O JONES; THAT I HAD A "LIVER BIOPSY" ON THURSDAY THE 17TH, AND  
10 THAT I'D BEEN HAVING SEVERE PAIN. I TOLD C/O MC NAMARA THAT  
11 I FELT LIKE PASSING OUT, THAT I COULDN'T BREATHE.

12 (52) C/O MC NAMARA STARTED ARGUING WITH CONTROL OFFICER JOHN  
13 DOE, BECAUSE THE CONTROL BOOTH OFFICER WOULDN'T GET THE SERGEANT  
14 TO OUR CELL (C4 - 224). THE CONTROL C/O JOHN DOE WAS SAYING,  
15 "THE SERGEANT IS REFUSING TO COME OVER HERE."

16 (53) C/O MC NAMARA YELLED BACK FRUSTRATED "PUSH YOUR ALARM  
17 IF YOU HAVE TO, BUT THE SERGEANT NEEDS TO GET HIS ASS OVER HERE!"

18 (54) MTA JANE DOE ARRIVED TO THE FRONT OF MY CELL. SHE WAS  
19 ALREADY BRIEFED BY C/O MC NAMARA, ON MY SITUATION.

20 (55) SHE (MTA) ASKED ME WHERE THE PAIN WAS AND TO WHAT LEVEL  
21 IT WAS, 1-5, FIVE BEING THE WORST. I, STILL LAYING IN BED  
22 AGONIZING, STARTED MAKING HUGE CIRCLES WITH MY RIGHT HAND, IN-  
23 DICATING THAT THE PAIN WAS EVERYWHERE FROM WAIST AND ABOVE.  
24 THE ONLY THING I WAS ABLE TO TELL HER DUE TO THE EXCRUCIATING PAIN  
25 I WAS EXPERIENCING, WAS, "I HAD A LIVER BIOPSY ON THURSDAY THE  
26 17TH..." I DIDN'T HAVE THE STRENGTH TO TALK AFTER THAT. I JUST  
27 LAID THERE AGONIZING.

28 (56) I HEARD C/O MC NAMARA STILL ARGUING WITH CONTROL OFFICER,

1 THEN I HEARD MY NEIGHBOR MR. PRESTON VILLINES # K99130 (C4-223)  
2 TELL OFFICERS AND MTA "WHY DON'T YOU PRESS YOUR ALARM, WHAT  
3 ARE YOU WAITING FOR!?" C/O MC NAMARA TOLD HIM TO, "SIT HIS ASS  
4 DOWN OR HE'LL WRITE HIM UP FOR INCITING A RIOT!" AFTER THAT, I  
5 NO LONGER HEARD ANYONE'S VOICE. I LOST CONSCIOUS BEFORE THE SER-  
6 GEANT GOT TO OUR BLOCK.

7 (57) I AWOKE TO OFFICER'S CUFFING MY HANDS BEHIND MY BACK.  
8 I WAS PLACED ON A STRETCHER AND TAKEN DOWN THE (F-POD) STAIRS  
9 AND OUT OF THE UNIT.

10 (58) I THEN HAD MY VITAL SIGNS TAKEN BY MTA JANE DOE.

11 (59) THE RESPONDING SERGEANTS WERE, SGT. STRAIN AND SGT. JOHN DOE.

12 (60) I WAS THEN TRANSPORTED TO CTC. ONCE AT CTC I WAS  
13 SEEN BY R/N J. CARR. R/N J. CARR PROCEEDED IN PLACING EKG  
14 CABLES ON ME TO MONITOR MY HEART, AND THEN TOOK MY VITAL SIGNS.  
15 R/N J. CARR GAVE ME SOME PILLS TO TAKE AND A LIQUID DRINK. HE  
16 SAID THAT, THAT WOULD MAKE ME FEEL BETTER.

17 (61) I THEN SPECIFIED AND TOLD R/N J. CARR THAT I HAD JUST  
18 HAD A "LIVER BIOPSY" ON THURSDAY (5/17/07) AND THAT I'D BEEN  
19 HAVING MEDICAL PROBLEMS EVER SINCE. I FURTHER TOLD HIM THAT  
20 I'D BEEN HAVING SEVERE PAIN TO MY CHEST AND STOMACH AREA, AND  
21 BEEN HAVING TROUBLE BREATHING. I ALSO SAID I WANTED SOME EXAMS  
22 TO BE MADE.

23 (62) R/N J. CARR SAID HE WAS TALKING TO DOCTOR WILLIAMS ON  
24 THE PHONE CONCERNING MY MEDICAL CONDITION. R/N CARR THEN SAID,  
25 "WE'LL SEE WHAT WE CAN DO FOR YOU."

26 (63) A FEW HOURS LATER I WAS SENT BACK TO MY CELL WITH  
27 A PRESCRIPTION OF NEXIUM 20 MG. I WAS NOT GIVEN ANY MEDICAL  
28 TREATMENT FOR MY SERIOUS MEDICAL CONDITION.

1 (64) R/N J. CARR AND DR. WILLIAMS BOTH KNEW AND WERE AWARE  
2 THAT I HAD JUST HAD A LIVER BIOPSY, AND THAT I WAS HAVING CHEST  
3 AND STOMACH PAIN, AND WAS EXPERIENCING SHORTNESS OF BREATH, WHICH  
4 WERE ALL CONSISTENT WITH THE PBSP POST-OP INSTRUCTIONS FOR PERCU-  
5 TANEUS LIVER BIOPSY, WHICH I WAS GIVEN AND WAS ALSO IN MY  
6 MEDICAL FILE, WHICH MEDICAL STAFF WERE AWARE OF.

7 (65) DESPITE ALL THESE OVERWHELMING FACTS, I WAS STILL NOT GIVEN  
8 ADEQUATE TREATMENT, AND I WAS FORCED TO ENDURE SEVERE PAIN AND  
9 SUFFERING, AND WAS SHOWN DELIBERATE INDIFFERENCE TO MY MEDICAL NEEDS.

10 (66) ON TUESDAY, MAY 22<sup>ND</sup>, 2007, THE SEVERE PAIN I WAS EXPERIENCING  
11 CONTINUED TO ESCALATE AND I ONCE AGAIN TOLD 2<sup>ND</sup> WATCH CONTROL BO-  
12 OTH OFFICER SHIPPLEY TO CALL THE DOCTOR FOR ME.

13 (67) R/N LORI BREE CAME TO SEE ME, (AT THE FRONT OF MY SECTION)  
14 TOOK MY VITAL SIGNS AND MERELY SAID MY BLOOD PRESSURE WAS A LITTLE  
15 HIGH. I THEN TOLD HER, AS I CONTINUOUSLY TOLD MEDICAL STAFF, THAT  
16 I HAD JUST HAD A LIVER BIOPSY ON THURSDAY THE 17<sup>TH</sup>, AND I'D BEEN  
17 HAVING PAIN EVER SINCE.

18 (68) I TOLD R/N BREE THAT I'D BEEN HAVING SEVERE STOMACH AND  
19 CHEST PAINS AND HAD BEEN EXPERIENCING SHORTNESS OF BREATH AND TROU-  
20 BLE BREATHING.

21 (69) R/N BREE PAID NO HEED TO MY COMPLAINTS. I THEN TOLD HER  
22 I WANTED SOME EXAMS TAKEN AND THAT I WANTED TO SEE A DOCTOR.

23 (70) R/N BREE SAID THAT THE DOCTOR WAS AWARE AND THAT I'D BE  
24 PUT ON THE DOCTOR'S LIST FOR THE FOLLOWING DAY. R/N BREE SAID THAT  
25 THE BIOPSY NURSE (R/N WADDELL) WAS ALSO NOTIFIED.

26 (71) R/N BREE WOULD JUST TELL ME TO RELAX. I INSISTED THAT IT'S  
27 BEEN DAYS SINCE I'VE HAD THE PAINS, AND HAD NOT GOTTEN ANY  
28 TREATMENT.

1 (72) DESPITE MY COMPLAINTS AND R/N BREE'S KNOWLEDGE, (ALONG  
2 WITH DOCTOR ROWE AND BIOPSY NURSE R/N WADDELL) OF MY SERIOUS  
3 MEDICAL CONDITION, I WAS NOT GIVEN ANY TREATMENT AND WAS  
4 SENT BACK TO MY CELL.

5 (73) LATER THAT SAME DAY (05/22/07) DURING 3RD WATCH, I ONCE  
6 AGAIN COMPLAINED ABOUT MY SERIOUS MEDICAL NEEDS/PROBLEMS. I WAS  
7 ESCORTED TO THE C-FACILITY SHU. MEDICAL OFFICE BY C/O QUAM AND  
8 C/O MILLS.

9 (74) I SAT STRADDLING A CHAIR. R/N DAVID TIMME THEN  
10 TOOK MY VITAL SIGNS. R/N TIMME THEN STARTED SAYING WITH A SMIRK  
11 ON HIS FACE; "YOU KNOW GOMEZ, IT SEEMS TO ME THAT YOU ONLY  
12 COMPLAIN ABOUT PAIN AFTER DINNER."

13 (75) I RESPONDED THAT IT WASN'T TRUE, THAT I HAD COMPLAIN-  
14 ED AT ALL TIMES.

15 (76) I REQUESTED TO SEE A DOCTOR BECAUSE OF THE SEVERE PAIN  
16 TO MY STOMACH AND CHEST, AND SHORTNESS OF BREATH. I ALSO SAID TO  
17 R/N TIMME THAT I HAD JUST HAD A LIVER BIOPSY ON THURSDAY THE  
18 17TH, AND WANTED SOME EXAMS TAKEN.

19 (77) R/N TIMME REFUSED TO PROVIDE ME MEDICAL TREATMENT FOR  
20 MY SERIOUS MEDICAL NEEDS, AND I WAS NOT SEEN BY A DOCTOR.

21 (78) C/O MILLS TOLD ME TO GET UP. I TOLD HIM I WAS HAVING  
22 TROUBLE AND I WAS TRYING TO GET MEDICAL ATTENTION.

23 (79) C/O MILLS THEN ASKED R/N TIMME, "ARE YOU DONE?"

24 (80) R/N TIMME RESPONDED, "YES, WE'RE DONE."

25 (81) C/O MILLS THEN GRABBED MY ARM WITH A TIGHT GRIP AND SAID,  
26 "COME ON GOMEZ, WE HAVE AN EMERGENCY TO ATTEND TO."

27 (82) I SAID, "WHAT ARE YOU TALKING ABOUT?, THIS [IS] AN EMER-  
28 GENCY.' MY HEALTH'S IN SERIOUS DANGER." I TOLD MILLS I WAS



1 HAVING TROUBLE BREATHING AND WAS HAVING EXCRUCIATING PAIN, AND  
2 THAT I WAS ONLY TRYING TO GET MEDICAL ATTENTION.

3 (83) C/O MILLS MERELY GRABBED MY ARM TIGHTER WITH BOTH HANDS  
4 AND TOLD C/O QUAM TO GRAB ME. MY HANDS WERE CUFFED BEHIND MY BACK.

5 (84) C/O MILLS AND C/O QUAM THEN PHYSICALLY AND HARSHLY YANK-  
6 ED ME FROM THE CHAIR AND THREW ME TO THE GROUND. WHILE ON THE  
7 GROUND I FELT PUNCHES TO MY BACK (LOWER PART OR MID-SECTION), I  
8 WAS THEN DRAGGED ALMOST ALL THE WAY TO THE DOOR.

9 (85) WHEN I WAS BEING DRAGGED, I SAW R/N JANE DOE, WHO I  
10 HAD SEEN THE PREVIOUS NIGHT.

11 (86) PRIOR TO ME BEING YANKED FROM CHAIR, R/N JANE DOE, (LATER  
12 IDENTIFIED AS NELSON) WAS ALSO TRYING TO HURRY ME OUT OF THERE, DUE  
13 TO SOME OTHER EMERGENCY.

14 (87) BOTH, R/N TIMME AND MTA JANE DOE (NELSON) WITNESSED  
15 ME BEING ASSAULTED, BUT NEITHER ATTEMPTED TO INTERVENE IN STOP-  
16 PING C/O MILLS AND C/O QUAM FROM BEATING AND DRAGGING ME.

17 (88) WHEN I WAS FINALLY ABLE TO GAIN A LITTLE STRENGTH, I  
18 STARTED WALKING VOLUNTARILY. I WAS TAKEN BACK TO MY CELL.

19 (89) I WAS NOT GIVEN ANY MEDICAL CARE FOR MY SERIOUS ME-  
20 DICAL NEEDS. I WAS FORCED TO ENDURE SEVERE PAIN TO MY CHEST,  
21 STOMACH, AND THE USE OF EXCESSIVE FORCE USED AGAINST ME BY  
22 C/O MILLS AND C/O QUAM, (WHICH WAS UNNECESSARY).

23 (90) MEDICAL STAFF KNEW I NEEDED MEDICAL, MEDICAL TREATMENT  
24 BECAUSE I HAD CONTINUOUSLY COMPLAINED ABOUT MY CONDITION. YET  
25 DESPITE THIS, I WAS UNJUSTIFIABLY DENIED MEDICAL CARE.

26 (91) ON WEDNESDAY, MAY 23<sup>RD</sup>, 2007, I AGAIN COMPLAINED CON-  
27 CERNING MY MEDICAL CONDITION AND THE PAIN I WAS HAVING.

28 (92) I WAS SEEN ONCE AGAIN BY R/N L. BREE, WHO MERELY



1 TOOK MY VITAL SIGNS (THIS WAS IN THE MORNING). I TOLD HER  
2 THAT I WAS FEELING BAD AND MY CONDITION WAS GETTING WORSE.

3 (93) I TOLD HER (R/N BREE) THAT, "SHE HAD TOLD ME YESTERDAY  
4 THAT I WOULD SEE THE DOCTOR TODAY," AND THAT I HAD TURNED  
5 IN TWO SICK-CALL SLIPS (CDC 7362 FORMS).

6 (94) DESPITE MY CONTINUED COMPLAINTS AND THE FACT THAT  
7 I WAS EXPERIENCING SEVERE PAIN, I WAS STILL NOT PROVIDED  
8 MEDICAL CARE, AND WAS SENT BACK TO MY CELL.

9 (95) LATER THAT SAME DAY (05/23/07), ABOUT 1:20 PM. OR SO,  
10 I COULD NO LONGER DEAL WITH THE PAIN I WAS EXPERIENCING,  
11 AND THE PRISONER'S IN MY SECTION CALLED FOR HELP (TO THE  
12 CONTROL BOOTH OFFICER) FOR ME. THEY TOLD CONTROL BOOTH  
13 OFFICER %JOHN DOE THAT I NEEDED MEDICAL ATTENTION.

14 (96) AT APPROXIMATELY 1:25 PM. OR SOON THEREAFTER, I WAS ESCORTED  
15 TO THE C-FACILITY SHV. MEDICAL OFFICE. MY VITAL SIGNS WERE  
16 TAKEN A FEW TIMES. I WAS FINALLY ALLOWED TO SEE THE  
17 DOCTOR AND THE DOCTOR FINALLY AGREED TO SEE ME; THIS WAS  
18 DOCTOR LINDA ROWE.

19 (97) WHILE WAITING FOR THE DOCTOR TO APPEAR, SGT. STRAIN WALKED  
20 INTO THE DOCTOR'S OFFICE AND ASKED ME IF I WAS REALLY SERIOUS  
21 ABOUT MY PAIN, AND IF I WAS REALLY SERIOUS ABOUT MY ILLNESS,  
22 BECAUSE IF I WAS, THEN HE'D BE ABLE TO PULL SOME STRINGS AND  
23 GET THE DOCTOR TO DO SOMETHING FOR ME.

24 (98) I IMMEDIATELY TOLD SGT. STRAIN THAT I WAS INDEED  
25 SERIOUS. I THEN TOLD HIM THAT HIS OFFICER'S %MILLS AND %QUAM  
26 HAD JUST DRAGGED ME OUT OF THAT VERY SAME OFFICE AND ASSAULT-  
27 ED ME WHILE I WAS PLEADING FOR MEDICAL HELP, (TO TIMME/JANE DOE)

28 (99) SGT. STRAIN SAID HE'D TALK TO THE DOCTOR AND SEE

1. WHAT THEY'D DO FOR ME. HE THEN LEFT THE OFFICE.

2 (100) SGT. STRAIN CAME BACK MINUTES LATER AND OFFERED ME  
3 AN "EXCESSIVE FORCE INTERVIEW" WITH THE CAPTAIN IN FRONT OF  
4 A VIDEO CAMERA, DUE TO THE MISCONDUCT OF HIS TWO OFFICERS  
5 C/O MILLS AND C/O QUAM.

6 (101) SGT. STRAIN ALSO HAD R/N LORI BREE LOG-DOWN MY  
7 VISUAL PHYSICAL INJURIES, WHICH I SUFFERED DURING THE EXCESSIVE  
8 FORCE /ASSAULT THE PREVIOUS NIGHT/EVENING, BY C/O MILLS AND QUAM.

9 (102) DUE TO THE EXCESSIVE FORCE USED AGAINST ME, I SUFFER-  
10 ED A RIGHT BRUISED ARM, RIGHT SCRAPED KNEE, THAT WERE VISI-  
11 BLE. I ALSO SUFFERED FROM BRUISED RIBS AND MID BACK PAIN.

12 (103) SGT. STRAIN TOLD ME THAT I'D GET THE EXCESSIVE FORCE  
13 INTERVIEW WHEN I WAS DONE WITH MY MEDICAL PROBLEMS AND  
14 WAS PLACED BACK IN MY CELL.

15 (104) WHEN DOCTOR LINDA ROWE WALKED IN, I TOLD HER THAT  
16 I HAD A LIVER BIOPSY ON THE 17TH, (SIX DAYS AGO) AND HAD  
17 BEEN IN PAIN EVER SINCE.

18 (105) DR. ROWE SAID SHE WAS WELL AWARE OF MY CONDITION  
19 BECAUSE OF ALL THE COMPLAINING I WAS DOING.

20 (106) MY VITAL SIGNS WERE TAKEN A COUPLE MORE TIMES BE-  
21 FORE SHE WAS CONVINCED THERE WAS SOMETHING WRONG WITH ME.  
22 DR. L. ROWE THEN ARRANGED FOR ME TO GO DOWN TO CORRECTION-  
23 AL TREATMENT CENTER (CTC).

24 (107) AT APPROXIMATELY 3:00 PM. I WAS FINALLY ESCORTED TO  
25 PBSP'S CTC, WHERE R/N JOSE TOOK MY VITAL SIGNS AND ORDERED  
26 AN AMBULANCE FOR ME.

27 (108) AMBULANCE PERSONNEL, MR HUNT AND HIS PARTNER JOHN  
28 DOE DROVE ME TO SUTTER COAST HOSPITAL.

1 (109) I WAS BEING GUARDED BY C/O GAPHART AND C/O DURHAM  
2 ALONG WITH SGT. JOHN DOE (THE SAME SGT. WHO WAS REFUSING TO  
3 ATTEND TO MY EMERGENCY ON MAY 21<sup>ST</sup>, 2007).

4 (110) I WAS FORCED TO WAIT IN THE HALL-WAY. I WAS TOLD  
5 THERE WASN'T ANY ROOM IN THE HOSPITAL. AN X-RAY WAS TAKEN  
6 AND I WAS PLACED BACK ON THE HALL-WAY FOR WHAT SEEMED  
7 LIKE A LONG TIME.

8 (111) WHEN I WAS FINALLY TAKEN TO A ROOM, I WAS PLA-  
9 CED ON A BED AND LAID THERE FOR A LONG TIME.

10 (112) I COMPLAINED ABOUT MY PAIN AND MEDICAL CONDITION  
11 AND REQUESTED TO SEE A DOCTOR.

12 (113) I WAS TOLD BY R/N JANE DOE THAT THE DOCTOR WAS  
13 BUSY TRYING TO SAVE OTHER LIVES.

14 (114) I TOLD JANE DOE THAT I WAS GOING THROUGH  
15 SEVERE PAIN AND NEEDED PAIN MEDICATION.

16 (115) R/N JANE DOE JUST REFUSED MY REQUEST WITHOUT ANY  
17 EXPLANATION, ALONG WITH P.A. GINA GASTELUM.

18 (116) I TOLD OFFICERS THE SAME THING AND THEY MERELY SHRUG-  
19 GED THEIR SHOULDERS.

20 (117) AFTER A WHILE OF WAITING AND COMPLAINING TO R/N'S AND  
21 TO GUARDS, I FINALLY TOLD C/O GAPHART AND C/O DURHAM THAT I  
22 FELT LIKE THROWING-UP. THEY JUST GRABBED A PLASTIC BUCKET TRAY  
23 AND GAVE IT TO ME.

24 (118) AS SOON AS I WAS GIVEN THAT BUCKET TRAY, I IMMEDIATE-  
25 LY STARTED VOMMITING PURE BLOOD. THE BLOOD COVERED THE WHOLE  
26 BOTTOM OF THE BUCKET.

27 (119) THE TWO OFFICERS THEN TOLD THE R/N'S AND/OR P.A.  
28 THAT I WAS THROWING UP BLOOD.

1 (120) AFTER I VOMITED BLOOD, P.A. GINA CASTELUM FINALLY  
2 SAID TO THE OFFICER'S THAT I'D BE STAYING (ADMITTED) INTO THE  
3 HOSPITAL.

4 (121) R/N JANE DOE FINALLY GAVE ME PAIN MEDICATION, AND  
5 I LOST CONSCIOUS AFTER THAT.

6 (122) I WOKE UP, DUE TO PAIN AND I NOTICED THAT I WAS  
7 IN A DIFFERENT ROOM. IT APPEARED TO BE THE FOLLOWING DAY, BE-  
8 CAUSE THERE WAS A DIFFERENT SET OF OFFICER'S OUT-SIDE OF MY  
9 ROOM.

10 (123) I WAS IN EXTREME PAIN AND I PLEADED FOR PAIN MED-  
11 ICATION, AND I WAS REFUSED SUCH MEDICATION.

12 (124) R/N JANE DOE (WHITE FEMALE) WALKED IN AND I ALSO  
13 ASKED HER FOR PAIN MEDICATION, OR TO SEE A DOCTOR BECAUSE I  
14 WAS IN EXCRUCIATING PAIN.

15 (125) THE R/N JANE DOE, JUST LOOKED AT ME, SHE DIDN'T  
16 SAY A WORD, SO THIS MADE ME BELIEVE THAT I WAS PLACED  
17 IN THAT ROOM FOR THE SOLE PURPOSE OF ME PERISHING IN THERE.  
18 I LITERALLY THOUGHT I WAS GOING TO DIE IN THERE. I STILL DID  
19 NOT KNOW WHAT MY MEDICAL PROBLEM WAS.

20 (126) I WAS HALF CONSCIOUS WHEN AN R/N TOLD ME  
21 THAT THEY (DOCTORS) WANTED TO TAKE MY "GALL BLADDER" OUT. I  
22 THEN LOST CONSCIOUS AGAIN.

23 (127) I WAS AWOKEN WHEN I WAS BEING PLACED IN AN  
24 AIRPLANE AND WAS TRANSFERED (VIA AIR AMBULANCE) TO THE "UNI-  
25 VERSITY OF CALIFORNIA SAN FRANCISCO" (UCSF) HOSPITAL.

26 (128) I ARRIVED AT UCSF IN MAY 25<sup>TH</sup>, 2007, AND IT WAS  
27 THERE THAT I WAS TOLD BY DOCTOR H. HARRIS, THAT I HAD A LA-  
28 CERATED LIVER ARTERY VESSEL (VEIN), DUE TO THE BOTCHED "LIVER

1 BIOPSY" PERFORMED BY DR. SOGGE, AND THAT I'D BEEN HAVING  
2 INTERNAL BLEEDING EVER SINCE THE 17TH OF MAY. [SEE EXHI-  
3 BIT "C", UCSF MEDICAL RECORDS OF DIAGNOSIS AND SURGICAL PROCEDURE.]

4 (129) THE DOCTOR TOLD ME THAT THERE WAS A PROBLEM AND  
5 THAT HE COULD NOT DO THE SURGERY UNLESS IT WAS TAKEN CARE OF  
6 FIRST.

7 (130) THE DOCTOR SAID I HAD LOST TOO MUCH BLOOD, HE HAD  
8 AN INTERPRETER TELL ME I NEEDED A BLOOD TRANSFUSION IMME-  
9 DIATELY, OR ELSE I WOULDN'T MAKE IT.

10 (131) I RECEIVED A BLOOD TRANSFUSION AND WENT INTO  
11 SURGERY ON MAY 26TH, 2007 (THE FOLLOWING DAY) [SEE EXHIBIT C"]

12 (132) DURING THE ENTIRE INCIDENT, STARTING FROM MAY 17TH,  
13 2007; AND MAY 19TH WHEN I STARTED COMPLAINING, UNTIL THE 23RD  
14 OF MAY, 2007, I REPEATEDLY TOLD MEDICAL STAFF AND CORRECTIO-  
15 NAL OFFICERS AT PELICAN BAY STATE PRISON THAT I WAS HAVING  
16 SEVERE PAIN AND WAS HAVING COMPLICATIONS, DUE TO THE "LIVER  
17 BIOPSY" I HAD JUST WENT THROUGH IN MAY 17TH, 2007. [SEE EX-  
18 HIBIT "D", PLAINTIFF'S MEDICAL RECORDS,] DETAILING REPEATED COM-  
19 PLAINTS CONCERNING HIS CONDITION.

20 (133) DESPITE THIS INFORMATION, MY SERIOUS MEDICAL NEEDS  
21 WERE NOT MET. I WAS NOT GIVEN ADEQUATE MEDICAL CARE AND  
22 WAS EXTREMELY DELAYED TO THE POINT OF JEOPARDIZING MY LIFE  
23 BY PUTTING ME IN A NEAR DEATH SITUATION.

24 (134) I REPEATEDLY COMPLAINED OF SYMPTOMS WHICH WERE  
25 ON THE POST-OP INSTRUCTION SHEET, YET DESPITE THIS, NOTHING  
26 WAS DONE. I WAS FORCED TO ENDURE SEVERE PAIN AND SUFFER-  
27 ING FOR NO JUSTIFIABLE REASON.

28 (135) ONCE AT "SUTTER COAST HOSPITAL" (SCH), I WAS ALSO



1 SUBJECTED TO THE SAME DELIBERATE AND INDIFFERENT TREATMENT  
2 BY DR. SANDRA SAUNDERS ; DR. SUSAN SCHOMMER ; DR. ANDREAN -  
3 GUROV ; DR. DONALD MICHELETTI ; P.A. GINA CASTELUM ; AND  
4 DR. SYLVIA NASH.

5 (136) I WAS THERE FROM MAY 23<sup>RD</sup> UP UNTIL THE 25<sup>TH</sup>, AND WAS  
6 ONLY DISTURBED MENTALLY AND EMOTIONALLY, BY MAKING ME THINK  
7 I WAS GOING TO DIE THERE.

8 (137) DURING THOSE TWO DAYS, I DID NOT RECEIVE MEDICAL  
9 TREATMENT FOR MY LACERATED ARTERY VESSEL (VEIN).

10 (138) I DID NOT RECEIVE A BLOOD TRANSFUSION, DESPITE  
11 MEDICAL STAFF KNOWING I WAS BLEEDING INTERNALLY FOR SEVEN  
12 DAYS.

13 (139) I DID NOT RECEIVE TREATMENT UNTIL I ARRIVED AT  
14 UCSF. [SEE EXHIBIT "C", PLAINTIFF'S MEDICAL RECORDS,] [SUTTER COAST  
15 HOSPITAL, AND EXHIBIT "E".]

16 (140) AS A DIRECT RESULT OF PBSP AND SUTTER COAST HOSPITAL'S  
17 MEDICAL STAFF'S DELIBERATE INDIFFERENCE, AND FAILURE TO PROVIDE  
18 ME WITH ADEQUATE MEDICAL CARE, MY CONDITION PROGRESSIVELY  
19 GOT WORSE

20 (141) DR. LINDA ROWE AND DR. WILLIAMS WERE BOTH WELL AWARE  
21 OF MY SERIOUS POTENTIAL FATAL CONDITION, BECAUSE WHEN I SAW DR.  
22 ROWE IN MAY 23<sup>RD</sup>, 2007, SHE SPECIFICALLY TOLD ME SHE KNEW  
23 OF IT, AND HAD ACCESS TO MY MEDICAL FILES, AND SUPERVISED  
24 THE R/N'S AND MTA'S THAT I REPEATEDLY COMPLAINED TO, YET DES-  
25 PITE THIS FACT, NONE OF THE DOCTORS, (LINDA ROWE NOR WILLIAMS)  
26 TOOK ANY ACTION UNTIL MAY 23<sup>RD</sup>, 2007. AFTER MORE THAN FOUR  
27 DAYS OF REPEATEDLY COMPLAINING OF MY PAIN AND SUFFERING / POOR  
28 HEALTH CONDITION. [SEE EXHIBIT "D" PLAINTIFF'S PBSP MEDICAL RECORDS]

(142) THE ACTIONS OF THE DEFENDANTS WERE WANTON AND WITHOUT PENOLOGICAL JUSTIFICATION. THEIR ACTS WERE DONE INTENTIONALLY IN VIOLATION OF/OR WITH DELIBERATE RECKLESS INDIFFERENCE TO PLAINTIFF'S FEDERAL AND STATE LAW RIGHTS.

(143) PLAINTIFF FILED AN ADMINISTRATIVE APPEAL (CDCR 602) ALONG WITH AN "1858 RIGHTS AND RESPONSIBILITY STATEMENT / INFORMATION ADVISORY STAFF COMPLAINT / PEACE OFFICER " CONCERNING THIS ISSUE, ON 06/03/07.

(144) ON 08/06/07, PLAINTIFF RECEIVED A RESPONSE FROM THE SECOND LEVEL, STATING THAT BECAUSE AN INVESTIGATION TOOK PLACE, MY CDCR 602 FORM WAS THEREFOR, PARTIALLY GRANTED, BUT DENIED THE REST OF MY COMPLAINT. [SEE EXHIBIT "F." PLAINTIFF'S CDCR 602 APPEAL FORM.]

(145) ON 08/12/07, PLAINTIFF FILED AT THE 3RD AND FINAL LEVEL OF THE CDCR, (DIRECTORS LEVEL) AND WAS SUBSEQUENTLY DENIED ON 11/14/07. [SEE EXHIBIT "F." PLAINTIFF'S CDCR 602 APPEAL FORM.]

(146) ON 11/01/07, PLAINTIFF SUBMITTED A CLAIM TO THE CALIFORNIA VICTIM COMPENSATION & GOVERNMENT CLAIMS BOARD (VCGCB), WHICH WAS ALSO DENIED ON 01/17/08 DUE TO COMPLEX ISSUES. [SEE EXHIBIT "G" LETTER DATED 12/05/07 FROM THE (VCGCB).] AND ALSO [LETTER DATED 01/25/08 OF THE VCGCB.]

(147) PLAINTIFF HAS FULLY EXHAUSTED ALL HIS ADMINISTRATIVE REMEDIES, AND TO NO AVAIL.

## V. CLAIMS FOR RELIEF

### FIRST CAUSE OF ACTION

[FEDERAL CRUEL AND UNUSUAL PUNISHMENT, DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEEDS.]

1 (148) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE.  
2 ALL PREVIOUS PARAGRAPHS OF THIS COMPLAINT.

3 (149) DEFENDANT, CONTROL BOOTH OFFICER JOHN DOE'S REFU-  
4 SAL TO SUMMON MEDICAL ATTENTION FOR PLAINTIFF ON MAY  
5 19TH, 2007, WHEN PLAINTIFF WAS EXPERIENCING SERIOUS MEDICAL  
6 COMPLICATIONS, SEVERE CHEST AND ABDOMINAL PAIN, DUE TO A  
7 BOTCHED "LIVER BIOPSY" AS DESCRIBED IN PARAGRAPH'S (39-41),  
8 CONSTITUTES DELIBERATE INDIFFERENCE TO PLAINTIFF'S SERIOUS MED-  
9 ICAL NEEDS, IN VIOLATION OF THE EIGHTH AMENDMENT OF THE  
10 UNITED STATES CONSTITUTION.

## 11 SECOND CLAIM FOR RELIEF

### 12 SECOND CAUSE OF ACTION

13 [FEDERAL CRUEL AND UNUSUAL PUNISHMENT  
14 DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEEDS.]  
15

16  
17 (150) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE  
18 ALL PREVIOUS PARAGRAPHS OF THIS COMPLAINT.

19 (151) C/O COX'S REFUSAL TO SUMMON MEDICAL ATTENTION  
20 FOR PLAINTIFF ON MAY 20TH, 2007, WHEN PLAINTIFF WAS EXPE-  
21 RIENCING SERIOUS MEDICAL COMPLICATIONS AND SEVERE ABDO-  
22 MINAL AND CHEST PAIN, DUE TO A BOTCHED "LIVER BIOPSY" AS  
23 DESCRIBED IN PARAGRAPH NUMBER'S (42-44), CONSTITUTES DELIBERATE  
24 INDIFFERENCE TO PLAINTIFFS SERIOUS MEDICAL NEEDS IN VIOLATION  
25 OF THE EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUTION.  
26  
27  
28

### THIRD CLAIM FOR RELIEF

#### THIRD CAUSE OF ACTION

[FEDERAL CRUEL AND UNUSUAL PUNISHMENT  
DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEEDS.]

(152) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE ALL PREVIOUS PARAGRAPHS OF THIS COMPLAINT.

(153) DR. C. WILLIAMS ; DR. LINDA ROWE ; R/N SUSAN WADDELL ; R/N LORI BREE ; MTA JANE DOE ; R/N DAVID TIMME ; AND R/N J. CARR , FAILURE TO PROVIDE PLAINTIFF WITH MEDICAL TREATMENT FOR HIS SERIOUS MEDICAL NEEDS WHEN PLAINTIFF WAS EXPERIENCING MEDICAL COMPLICATIONS AND SEVERE ABDOMINAL AND CHEST PAIN, DUE TO A "BOTCHED LIVER BIOPSY," AS DESCRIBED IN PARAGRAPHS (34-36), (46-47), (54, 55), (58), (60-74), (76-77), (87), (89-94), (96), (98), (104-105), CONSTITUTES DELIBERATE INDIFFERENCE TO PLAINTIFF'S SERIOUS MEDICAL NEEDS IN VIOLATION OF THE EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUTION.

### FOURTH CLAIM FOR RELIEF

#### FOURTH CAUSE OF ACTION

[FEDERAL CRUEL AND UNUSUAL PUNISHMENT  
EXCESSIVE USE OF FORCE.]

(154) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE ALL PREVIOUS PARAGRAPHS OF THIS COMPLAINT.

(155) THE UNJUSTIFIED AND PENOLOGICAL UNNECESSARY BEATING ON PLAINTIFF PEDRO GOMEZ, IN MAY 22ND, 2007, BY



1 CORRECTIONAL OFFICERS R. MILLS AND D. QUAM, AS DES-  
 2 CRIBED IN PARAGRAPHS (73-88), CONSTITUTES CRUEL  
 3 AND UNUSUAL PUNISHMENT IN VIOLATION OF THE EIGHTH AMEND-  
 4 MENT OF THE UNITED STATES CONSTITUTION.

## 5 6 FIFTH CLAIM FOR RELIEF

### 7 FIFTH CAUSE OF ACTION

8 [FEDERAL CRUEL AND UNUSUAL PUNISHMENT  
 9 FAILURE TO INTERVENE - DELIBERATE INDIFFERENCE.]  
 10

11 (156) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE ALL  
 12 PREVIOUS PARAGRAPHS OF THIS COMPLAINT.

13 (157) THE FAILURE OF DEFENDANT R/N D. TIMME AND MTA. JANE  
 14 DOE (NELSON) TO INTERVENE AND STOP THE UNJUSTIFIED AND PENAL-  
 15 OGICALLY UNNECESSARY BEATING ON PLAINTIFF PEDRO GOMEZ,  
 16 AS DESCRIBED IN PARAGRAPHS (73-89), BY DEFENDANTS C/O  
 17 R. MILLS AND C/O D. QUAM IN MAY 22ND, 2007, CONSTITUTES  
 18 CRUEL AND UNUSUAL PUNISHMENT, AND DELIBERATE INDIFFER-  
 19 ENCE TO PLAINTIFF'S SAFETY, IN VIOLATION OF THE EIGHTH  
 20 AMENDMENT OF THE UNITED STATES CONSTITUTION.

## 21 22 SIXTH CLAIM FOR RELIEF

### 23 SIXTH CAUSE OF ACTION

24 [FEDERAL CRUEL AND UNUSUAL PUNISHMENT  
 25 DELIBERATE INDIFFERENCE TO SERIOUS MEDICAL NEEDS.]  
 26

27 (158) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE ALL  
 28 PREVIOUS PARAGRAPHS OF THIS COMPLAINT.



(159) SUTTER COAST HOSPITAL MEDICAL STAFF ; DR. SANDRA SAUNDERS ; DR. SUSAN SCHOMMER ; DR. ANDREAN GUROV ; DR. DONALD MICHELETTI ; DR. SYLVIA NASH ; AND P.A. GINA GASTELUM , FAILURE TO PROVIDE PLAINTIFF PEDRO GOMEZ WITH ADEQUATE AND MEANINGFUL MEDICAL CARE, WHEN PLAINTIFF WAS EXPERIENCING SERIOUS MEDICAL COMPLICATIONS, AND SEVERE ABDOMINAL AND CHEST PAIN, DUE TO A BOTCHED LIVER BIOPSY , AS DESCRIBED IN PARAGRAPHS (108-127), CONSTITUTES DELIBERATE INDIFFERENCE TO PLAINTIFF'S SERIOUS MEDICAL NEEDS AND IN VIOLATION OF THE EIGHTH AMENDMENT OF THE UNITED STATES CONSTITUTION.

## SEVENTH CLAIM FOR RELIEF

### SEVENTH CAUSE OF ACTION

[STATE TORT LAW MEDICAL MALPRACTICE.]

(160) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE ALL THE ALLEGATIONS CONTAINED IN ALL PREVIOUS PARAGRAPHS.

(161) ON THURSDAY, MAY 17TH, 2007, DEFENDANT DR. MERLE SOGGE, COMMITTED MEDICAL MALPRACTICE ON PLAINTIFF PEDRO GOMEZ, AS DESCRIBED IN PARAGRAPHS (25-33), WHEN DR. MERLE SOGGE, LACERATED PLAINTIFF'S RIGHT HEPATIC ARTERY BRANCH VESSEL (VEIN) DURING A BOTCHED LIVER BIOPSY, WHICH DR. MERLE SOGGE PERFORMED WITHOUT THE USE OF A C.T. SCAN, CONSTITUTING MEDICAL MALPRACTICE UNDER CALIFORNIA STATE TORT LAW.

# EIGHTH CLAIM FOR RELIEF

## EIGHTH CAUSE OF ACTION

[STATE LAW, FAILURE TO FURNISH IMMEDIATE MEDICAL CARE. CAL. GOVNT CODE 845.6]

(162) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE ALL PREVIOUS PARAGRAPHS OF THIS COMPLAINT.

(163) CORRECTIONAL OFFICER COX'S FAILURE TO SUMMON IMMEDIATE MEDICAL CARE FOR PLAINTIFF ON MAY 20<sup>TH</sup>, 2007, WHEN PLAINTIFF WAS EXPERIENCING SERIOUS MEDICAL COMPLICATIONS, AND SEVERE ABDOMINAL AND CHEST PAIN, DUE TO A BOTCHED LIVER BIOPSY, AS DESCRIBED IN PARAGRAPH(S) (43-44), VIOLATED PLAINTIFF'S RIGHTS UNDER CAL. GOVNT CODE 845.6 OF THE CAL. TORT CLAIMS' ACT.

# NINTH CLAIM FOR RELIEF

## NINTH CAUSE OF ACTION

[STATE TORT LAW NEGLIGENCE.]

(164) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE THE ALLEGATIONS CONTAINED IN ALL PREVIOUS PARAGRAPHS.

(165) DEFENDANT'S SGT. STRAIN, D. AND SGT. JOHN DOE'S FAILURE TO TIMELY ARRIVE TO UNIT C-4, SO MEDICAL STAFF COULD BE ALLOWED TO ENTER PLAINTIFF'S CELL ON MAY 21<sup>ST</sup>, 2007, AS DESCRIBED IN PARAGRAPHS, (52-59), RESULTED IN PLAINTIFF SUFFERING UNDUE PAIN, AND FURTHER MEDICAL COMPLICATIONS, AND CONSTITUTED NEGLIGENCE UNDER CALIFORNIA STATE TORT LAW.

# TENTH CLAIM FOR RELIEF

## TENTH CAUSE OF ACTION

[STATE TORT LAW NEGLIGENCE.]

(166) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE THE ALLEGATIONS CONTAINED IN ALL PREVIOUS PARAGRAPH'S.

(167) DEFENDANT JANE DOE'S FAILURE TO PRESS HER EMERGENCY ALARM, IN ORDER TO GET RESPONDING STAFF TO C-4, SO SHE COULD BE ALLOWED TO ENTER PLAINTIFF'S CELL ON MAY 21<sup>ST</sup>, 2007, WHEN PLAINTIFF LOST CONSCIOUSNESS AFTER HE WAS LAYING ON HIS BED SUFFERING FROM SEVERE ABDOMINAL AND CHEST PAIN, AND SHORTNESS OF BREATH, AS DESCRIBED IN PARAGRAPH'S, (47 — 58), CONSTITUTED NEGLIGENCE UNDER CALIFORNIA STATE TORT LAW.

# ELEVENTH CLAIM FOR RELIEF

## ELEVENTH CAUSE OF ACTION

[STATE LAW, FAILURE TO FURNISH IMMEDIATE MEDICAL CARE. CAL GOVNT CODE 845.6]

(168) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE THE ALLEGATIONS CONTAINED IN ALL PREVIOUS PARAGRAPH'S.

(169) DEFENDANTS, DR. C. WILLIAMS ; DR. LINDA ROWE ; R/N SUSAN WADDELL ; R/N LORI BREE ; MTA. JANE DOE ; R/N DAVID TIMME AND R/N J. CARR'S FAILURE TO FURNISH PLAINTIFF WITH IMMEDIATE MEDICAL ON MAY 17<sup>TH</sup>, 21<sup>ST</sup>, 22<sup>ND</sup>, 23<sup>RD</sup>, 2007, WHEN PLAINTIFF WAS EXPERIENCING SERIOUS OBVIOUS MEDICAL COMPLICATIONS AND SEVERE AB-

1 DOMINAL AND CHEST PAIN, DUE TO A BOTCHED LIVER BIOPSY,  
 2 AS DESCRIBED IN PARAGRAPH'S, (34 - 37) AND (45 - 106), VIO-  
 3 LATED PLAINTIFF'S RIGHTS UNDER CALIFORNIA GOVERNMENT  
 4 CODE 845.6, OF THE CALIFORNIA TORT CLAIMS ACT.

5  
 6 TWELVE CLAIM FOR RELIEF  
 7 TWELVE CAUSE OF ACTION

8 STATE TORT LAW BATTERY

9  
 10 (170) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE THE  
 11 ALLEGATIONS CONTAINED IN ALL PREVIOUS PARAGRAPH'S.

12 (171) THE UNJUSTIFIED AND PENOLOGICAL UNNECESSARY BEATING  
 13 ON PLAINTIFF, PEDRO GOMEZ, ON MAY 22<sup>ND</sup>, 2007, BY DEFENDANT'S  
 14 C/O R. MILLS AND C/O D. QUAM, AS DESCRIBED IN PARAGRAPH'S, (73-  
 15 90), RESULTS IN A BATTERY ON PLAINTIFF'S PERSON, AND CONS-  
 16 TITUTED BATTERY, UNDER CALIFORNIA STATE TORT LAW.

17  
 18 THIRTEENTH CLAIM FOR RELIEF

19 THIRTEENTH CLAIM FOR RELIEF

20 [STATE LAW CAL. GOVNT. CODE 844.6]

21  
 22 (172) PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE THE  
 23 ALLEGATIONS CONTAINED IN ALL PREVIOUS PARAGRAPH'S.

24 (173) THE FAILURE OF DEFENDANT'S R/N DAVID TIMME AND  
 25 MTA. JANE DOE (NELSON), TO INTERVENE AND STOP THE  
 26 UNJUSTIFIED AND PENOLOGICALLY UNNECESSARY BEATING ON  
 27 PLAINTIFF PEDRO GOMEZ, BY DEFENDANT'S, C/O R. MILLS AND  
 28 C/O D. QUAM, ON MAY 22<sup>ND</sup>, 2007, AS DESCRIBED IN PARA -



GRAPH'S (73-90) VIOLATED PLAINTIFF'S RIGHTS UNDER CAL. GOVNT. CODE 844.6 OF THE CALIFORNIA TORT CLAIM ACT.

## FOURTEENTH CLAIM FOR RELIEF

### FOURTEENTH CAUSE OF ACTION

#### STATE TORT LAW MEDICAL MALPRACTICE

174 PLAINTIFF REALLEGES AND INCORPORATES BY REFERENCE THE ALLEGATIONS CONTAINED IN ALL PREVIOUS PARAGRAPHS.

(175) DEFENDANTS: DR. SANDRA SAUNDERS; DR. SUSAN SCHOMMER; DR. ANDREAN GUROV; DR. DONALD MICHELETTI; DR. SYLVIA NASH; AND P.A. GINA GASTELUM'S FAILURE TO PROPERLY TREAT PLAINTIFF FOR HIS LACERATED RIGHT HEPATIC ARTERY BRANCH VESSEL (VEIN), AND FAILURE TO GIVE PLAINTIFF A BLOOD TRANSFUSION WHEN PLAINTIFF WAS BLEEDING INTERNALLY, AS DESCRIBED IN PARAGRAPHS (108-127), CONSTITUTED MEDICAL MALPRACTICE UNDER CALIFORNIA STATE TORT LAW.

## PRAYER FOR RELIEF

WHEREFORE, PLAINTIFF RESPECTFULLY PRAYS THAT THIS COURT:

1. DECLARE THAT THE ACTS AND OMISSIONS DESCRIBED HEREIN VIOLATED PLAINTIFF'S RIGHTS UNDER THE CONSTITUTION AND LAWS OF THE UNITED STATES.

2. ENTER JUDGMENT IN FAVOR OF PLAINTIFF FOR COMPENSATORY DAMAGES IN THE AMOUNT ACCORDING TO PROOF.

3. ENTER JUDGMENT IN FAVOR OF PLAINTIFF FOR PUNITIVE DAMAGES IN THE AMOUNT ACCORDING TO PROOF.



1 4. ENTER JUDGMENT IN FAVOR OF PLAINTIFF FOR COST OF  
2 SUIT AND REASONABLE ATTORNEY FEES.

3 5. ENTER JUDGMENT IN FAVOR OF PLAINTIFF FOR FURTHER  
4 RELIEF THAT THE COURT DEEMS JUST.

5  
6  
7 DATE: JUNE 02, 2008

8 RESPECTFULLY SUBMITTED

9 *Pedro Gomez*  
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# EXHIBIT [A]

SCHEDULE FOR LIVER BIOPSY  
(2) PAGES.

**NPO (NOTHING BY MOUTH) NOTICE**

**NAME: GOMEZ CDC#: K37471 HSG: C4-224L.**

**You have a procedure scheduled on Thursday 5/17/2007.**

**DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT ON 5/16/2007.**

**If you should have any questions please talk with the nurse on your unit.**

*S. WADDELL PHN*

**Please have 3<sup>rd</sup> watch MTA/LVN/PT give inmate patient information tonight 5/16/2007 for NPO procedure. This has also been added in MPIMS under MTA-TX. Thanks SW/PHN**

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION  
TO PHARMACY AFTER EACH ORDER IS SIGNED

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated,timed,and signed)
05/17/07			Dr. Sogge Liver Biopsy Order:  Pre Liver Biopsy:  1. CBC  2. PLATELETS  3. PT and PTT  4. NPO AFTER MIDNIGHT BEFORE PROCEDURE.  POST LIVER BIOPSY:  1. VS Q 15 mins. X 1 Hour  2. VS Q 1 Hour Until Discharge.  3. I/M to remain on right side until discharge.  4. Discharge after 2 Hours if stable.

*[Handwritten signature]*

*noted 5/17/2007  
re address*

ALLERGIES	INSTITUTION PELICAN BAY STATE PRISON	ROOM/WING
Confidential client information See W I Code,Sections 4514 and 5328		CDC NUMBER, NAME (LAST,FIRST, MI)  K37471  GOMEZ  CF04U 000224L  DOB: 1/26/1977 REL_DATE:
PHYSICIAN'S ORDERS		
CDC 7221' (4/90) STATE OF CALIFORNIA	94 85598 DEPARTMENT OF CORRECTIONS	

# EXHIBIT [B]

PBSP INSTRUCTIONS FOR PERCUTANEOUS  
LIVER BIOPSY.



**PELICAN BAY STATE PRISON POST-OP  
INSTRUCTIONS FOR PERCUTANEOUS  
LIVER BIOPSY**

**PHYSICIAN: Dr. Merle Sogge**

1. Stay in bed 24 hours. Rest 24-48 hours following the procedure. On the day following your procedure, you can do those activities that you feel able to do, and within 3-4 days resume normal activities as instructed by Dr. Sogge. No physical exertion for 48 hours. NO lifting or vigorous sports activities.
2. You may notice a dull ache at the puncture site. Muscular aching is common, usually in the neck or chest region. Discomfort or pain is usually relieved by mild pain relievers such as Tylenol, or pain relievers as prescribed by your doctor.
3. Tomorrow you may bathe or shower. Remove Band-Aid after bathing. DO NOT leave on a wet Band-Aid. Pat site dry. You may keep it covered 2-3 days if you prefer. Some spotting (bloody drainage) may be expected on the Band-Aid. If bleeding occurs and does not stop after mild pressure is applied, notify your doctor.
4. You may resume your normal diet immediately after the procedure unless instructed otherwise by your doctor.
5. Avoid strenuous lifting, vigorous sports activity, or rubbing the site for the first week to allow time for healing.
6. The medical staff need to know if you develop:
  - a. shortness of breath
  - b. persistent bleeding from the puncture site
  - c. abdominal distress
  - d. fainting spells
  - e. fever, temperature greater than 100 degrees by mouth.

Patient signature PG Date 5/17/07  
Discharge Nurse Susan Waddell RN Date 5/17/07

COPY

# EXHIBIT [C]

UCSF MEDICAL RECORDS FOR DIAGNOSIS  
AND SURGICAL PROCEDURE. (8 PAGES TOTAL).

## UCSF MEDICAL CENTER

PT NAME: GOMEZ, PEDRO  
UNIT # 4826785-8  
DOB: 01/26/1977 SEX: M  
DOCUMENT # 1453753 Signed  
VISIT # 13063615  
ADMISSION: 5-25-07 DISCHARGE: 5-28-07

DISCHARGE SERVICE: ADULT GENERAL SURGERY  
DISPOSITION: HOME

ATTENDING PHYSICIAN: Dr. Hobart Harris.  
ADMISSION DIAGNOSIS: Arterio biliary fistula.  
SECONDARY DIAGNOSES:

1. Arterioportal fistula.
2. Intraabdominal hemorrhage.
3. Hepatitis C infection.

PROCEDURES PERFORMED: Coil embolization of right hepatic artery branch.

HISTORY OF PRESENT ILLNESS: This is a 30-year-old man residing at the Pelican Bay Penitentiary who underwent a liver biopsy approximately one week prior to this admission. He has a history of hepatitis C viral infection with a recent increase in transaminase levels. Two days after this biopsy, he developed sudden onset right upper quadrant pain and he was taken to Sutter Coast Hospital where in the Emergency Department he had an episode of hematemesis of approximately 250 cc of frank blood. He then underwent an EGD that showed no obvious bleeding source in the stomach or duodenum. Specifically, no peptic ulcer or evidence of gastritis. There was found to be some old blood within the stomach and duodenum. The presumption was a source of bleeding coming from the biliary tree. A CT scan of the abdomen was then obtained showing some mild biliary dilatation, as well as some areas of hyperdensity around the gallbladder, suggesting bleeding. Over the course of the next day, his hematocrit levels were followed. He had an elevated bilirubin level of 2.3 on laboratory workup at Sutter Coast. His hematocrit level dropped from 41 to 30, at which point he was transferred over to UCSF Medical Center.

HOSPITAL COURSE: From the time of admission, he had no recurrent episodes of hematemesis; however, his hematocrit level, when rechecked, had gone down to 25. He was transfused 2 units of packed red blood cells. The CT scan was repeated at UCSF Medical Center, this time showing more prominent biliary dilatation, hematoma inside the gallbladder, and also some high-density fluid in the peritoneum suggesting a hemorrhage from the liver biopsy site. Based on these findings, he was taken to the Interventional Radiology Suite the same day where a hepatic arteriogram was done. An arterioportal fistula was identified in the right hepatic circulation on this study. A concurrent arterio biliary fistula was presumed to be the source of hemobilia that ultimately resulted in his episode of hematemesis. The involved branch of the right hepatic artery was selectively embolized and the completion arteriogram showed no flow into this vessel. After the procedure, his abdominal pain promptly resolved over the course of the next day. His next hematocrit level had failed to rise, and so he was given another transfusion of 2 units of packed red blood cells. However, the following hematocrit level rose to 31.6. He was in very good condition two days after the embolization procedure and he was transferred back to

PC 1 AF Q

Pelican Bay Penitentiary at this time.

DISPOSITION: To Pelican Bay.

DISCHARGE CONDITION: Good.

DISCHARGE DIAGNOSIS: Iatrogenic arteriobiliary fistula.

DISCHARGE INSTRUCTIONS: None.

DISCHARGE MEDICATIONS: None.

FOLLOWUP: The patient should return to see his Hepatologist for followup of the progression of his hepatitis C infection. There should be no need for followup with the UCSF Surgery Faculty Practice.

CARBON COPIES: Hobart W. Harris, MD

Box 0338 A-655

In dictionary Not

ATTENDING MD: Harris, Hobart W., MD 37023

DICTATED BY: Shustik, David Alexande0.62474

D: 5-28-07 14:43

T: 5-30-07 11:29 A56

Doc 000000

UCSF MEDICAL CENTER

PT NAME: GOMEZ, PEDRO  
UNIT # 4826785-8  
DOB: 01/26/1977 SEX: M  
VISIT # 13063615 REPORT STATUS: FINALIZED

PROCEDURES: CT ABD/PELVIS UNENHANC&ENHANCE (5-26-07 09:00)

CT ABDOMEN AND PELVIS: 05/26/2007.

COMPARISON: CT performed at outside hospital dated 05/23/2007.

CLINICAL DATA: The patient is a 30-year-old male status post liver biopsy who now presents with intrahepatic bleeding.

TECHNIQUE:

Contiguous axial images were obtained from the lung bases to the symphysis pubis in 5-mm thickness without IV or p.o. contrast. Subsequently, images were repeated in 5-mm thickness after uncomplicated administration of intravenous Omnipaque-350.

FINDINGS:

There are small bilateral pleural effusions with subsegmental atelectasis that are new compared to the prior study.

In the abdomen, there is dilatation of the intrahepatic and extrahepatic bile ducts that contain high-density material most likely representing hematomas. Hematoma is also seen in the gallbladder along with gallbladder sludge. The degree of biliary dilatation and hemobilia is increased compared to the prior study. High-density fluid is also seen surrounding the gallbladder as well as in the pelvis that may represent hemoperitoneum.

The pancreas, spleen, and adrenal glands are normal. The kidneys enhance symmetrically without hydronephrosis or abnormal masses. The bowel is unremarkable. No lymphadenopathy is seen.

The visualized osseous structures are unremarkable.

IMPRESSION:

Increasing biliary dilatation with increasing hemobilia. Increasing hematoma is also seen in the gallbladder. There is also increased high-density fluid in the peritoneum likely representing hemorrhage in the peritoneum. No active contrast extravasation is seen.

Findings were discussed with Dr. Thangarajah in the red surgical team by the on-call resident, Dr. Katherine Too, at the time the study was performed.

RADIOLOGIST: Yeh, Benjamin

DL 2 of 2



Chang, Ching-I  
ORDERING MD: Thangarajah, Hariharan

PG 4 OF 8

## UCSF MEDICAL CENTER

PT NAME: GOMEZ, PEDRO  
 UNIT # 4826785-8  
 DOB: 01/26/1977 SEX: M  
 VISIT # 13063615 REPORT STATUS: FINALIZED

PROCEDURES: EMBOLIZATION, COIL (5-26-07 12:30)

DATE OF PROCEDURE 5/26/2007~

PREOPERATIVE DIAGNOSIS: Thirty-year old male with hepatitis C and hemobilia following percutaneous liver biopsy at an outside institution. ~

POSTOPERATIVE DIAGNOSIS: Successful coil embolization of right hepatic artery branch arterioportal fistula. ~

PROCEDURE PERFORMED: ~

1. Right common femoral artery puncture.~
2. Right common femoral arteriogram. ~
3. Catheterization of the celiac access and arteriogram.~
4. Catheterization of the proper hepatic artery and arteriogram. ~
5. Catheterization of the right hepatic artery and arteriogram.~
6. Catheterization of right hepatic artery branch and arteriogram.~
7. Coil embolization of right hepatic artery branch arterioportal fistula.~
8. Closure of arteriotomy with Star close device~

~

MEDICATIONS: Fentanyl 75mcg IV, Versed 1mg IV~

DESCRIPTION OF PROCEDURE: A PARQ conference was held with the patient assisted by a Spanish interpreter. Informed consent was obtained. With the patient in the supine position on the fluoroscopy table, the right groin was prepped and draped in sterile fashion. 1% Xylocaine was administered for local anesthesia and a small skin incision was made. The right common femoral artery was then accessed with a micropuncture set. This was exchanged for a 15mm J-wire and 5 French vascular sheath. A Cobra catheter and Terumo wire were then used to catheterize the celiac artery and an arteriogram was performed. The catheter was then advanced into the proper hepatic artery and arteriography repeated. A mass transit microcatheter was then used to catheterize the right hepatic artery and arteriography was performed. The catheter was then advanced over a microwire into a branch of the right hepatic artery and arteriography performed. The site of arterial injury was identified and embolized with multiple 3mm x 2cm microcoils. Arteriography was then repeated in the branch vessel and the microcatheter was removed. Arteriography as repeated through the Cobra catheter in the proper hepatic artery and the Cobra catheter was subsequently removed. A common femoral artery arteriogram was then performed through the side arm of the vascular sheath. The sheath was then exchanged over a wire for the Star close sheath and the arteriotomy was closed with a Star close device. Peripheral pulses were intact

P C E N C V

following the procedure. A dressing was applied and the patient was sent to recovery in good condition.

DESCRIPTION OF FINDINGS:

Celiac arteriogram demonstrates conventional hepatic arterial anatomy. A large arterial portal fistula is identified in the right hepatic circulation. The microcatheter was then used to identify the exact site of arterial injury. A laceration of a right hepatic artery branch vessel and an arterioportal fistula was identified. The lacerated vessel was successfully crossed with a microcatheter and coils were laid across the injury. Repeat arteriography following the embolization demonstrate no further arterioportal fistula. Common femoral arteriogram demonstrated a slightly high puncture site which was successfully closed with a Star close device.

IMPRESSION:

Successful coil embolization of right hepatic artery branch arterioportal fistula.

Procedure performed by Dr. Sobkin and Dr. Sawhney. Dictation is by Dr. Sobkin. Dr. Sawhney interpreted, supervised and was present for the entire procedure.

~

RADIOLOGIST: Sawhney, Rajiv  
Sobkin, Paul

ORDERING MD: Harris, Hobart W

UCSF Medical Center Clinical Labs  
505 Parnassus Avenue  
San Francisco, CA 94143  
Director: T.R. Hamill, M.D.

UCSF/Mount Zion Clinical Labs  
1600 Divisadero Street  
San Francisco, CA 94115  
Director: Enrique Terrazas, M.D.

\*\*\* Release may require patient authorization \*\*\*  
Medical Records (415)353-2221

Medical Records (415)885-7344

GOMEZ, PEDRO

4826785-8

USER:LAIRD

=====

*=abnormal	l*=low	h*=high	L*=panic low	H*=panic high	#=normal	unknown	
SITE	DATE	TIME	LABORATORY	RESULTS	UNITS	NORMAL	ACRO

=====

05-26-07 07:06

ALLOCATED UNIT

X001

UNIT # 1660427; RBC,LEUKO-RED; ISSUED,FINAL 05-26-07  
11:08

PARN 5-26-07 04:22

ALLOCATED UNIT

X002

UNIT # 9739277; RBC,LEUKO-RED; ISSUED,FINAL 05-27-07  
02:25

ALLOCATED UNIT

X003

UNIT # 1655924; RBC,LEUKO-RED; ISSUED,FINAL 05-27-07  
05:06

01:55 CBC W/PLATELET COUNT

WBC COUNT	h*13.3	x10E9/L	3.4-10	WBC
RBC COUNT	l*2.90	x10E12/L	4.4-5.9	RBC
HEMOGLOBIN	l*8.6	g/dL	13.6-17.5	HGB
HEMATOCRIT	l*24.7	PERCENT	41-53	HCT
MCV	85	fL	80-100	MCV
MCH	29.7	pg	26-34	MCH
MCHC	34.8	g/dL	31-36	MCHC
PLATELETS	140	x10E9/L	140-450	PLT
PT	15.0	s	12.5-16.0	PT
INT'L NORMALIZED RATIO	1.1		0.9-1.2	INR

PARN 5-26-07 01:55

PARTIAL THROMBOPLASTIN

23.1

s

22.4-33.3

PTT

ELECTROLYTE PANEL

LYTE

SODIUM	138	mmol/L	134-143	NA
POTASSIUM	4.2	mmol/L	3.4-4.9	K
CHLORIDE	103	mmol/L	98-107	CL
CARBON DIOXIDE, TOTAL	29	mmol/L	23-32	CO2
ANION GAP	6		3-14	ANGA
UREA NITROGEN	13	mg/dL	8-23	BUN
CREATININE	0.8	mg/dL	0.6-1.2	CR
GLUCOSE	129	mg/dL	70-199	GLU

If the patient is fasting, suggests diabetes mellitus

AST	h*81	U/L	16-41	AST
ALT	h*227	U/L	12-59	ALT
BILIRUBIN, TOTAL	h*4.1	mg/dL	0.3-1.3	BILT
ALKALINE PHOSPHATASE	78	U/L	29-111	ALKP
ALBUMIN	l*2.6	g/dL	3.4-4.7	ALB
CALCIUM	l*8.0	mg/dL	8.7-10.1	CA
MAGNESIUM	2.0	mg/dL	1.8-2.3	MG
PHOSPHORUS	l*2.1	mg/dL	2.4-4.6	PO4

PARN 5-26-07 01:55

Icteric specimen, may tend to increase result

GGT	h*163	U/L	7-71	GGT
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COPY

UCSF Medical Center Clinical Labs  
505 Parnassus Avenue  
San Francisco, CA 94143  
Director: T.R. Hamill, M.D.

Medical Records (415)353-2221

UCSF/Mount Zion Clinical Labs  
1600 Divisadero Street  
San Francisco, CA 94115  
Director: Enrique Terrazas, M.D.

Medical Records (415)885-7344

GOMEZ, PEDRO

4826785-8

USER:LAIRD

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=====
*=abnormal  l*=low  h*=high  L*=panic low  H*=panic high  #=normal unknown
SITE  DATE  TIME  LABORATORY  RESULTS  UNITS  NORMAL  ACRO
=====
PARN  5-27-07  04:44  CBC W/PLATELET COUNT  CBC
      WBC COUNT  9.6  x10E9/L  3.4-10  WBC
      RBC COUNT  1*3.64  x10E12/L  4.4-5.9  RBC
      HEMOGLOBIN  1*10.2  g/dL  13.6-17.5  HGB
      HEMATOCRIT  1*31.6  PERCENT  41-53  HCT
      MCV  87  fL  80-100  MCV
      MCH  28.0  pg  26-34  MCH
      MCHC  32.2  g/dL  31-36  MCHC
      PLATELETS  1*129  x10E9/L  140-450  PLT
      ELECTROLYTE PANEL  LYTE
      SODIUM  137  mmol/L  134-143  NA
      POTASSIUM  3.7  mmol/L  3.4-4.9  K
      CHLORIDE  103  mmol/L  98-107  CL
      CARBON DIOXIDE, TOTAL  29  mmol/L  23-32  CO2
      ANION GAP  5  3-14  ANGA
      UREA NITROGEN  8  mg/dL  8-23  BUN
      CREATININE  0.8  mg/dL  0.6-1.2  CR
PARN  5-27-07  04:44  GLUCOSE  108  mg/dL  70-199  GLU
      If the patient is fasting, suggests impaired glucose
      homeostasis
      CALCIUM  1*8.1  mg/dL  8.7-10.1  CA
      MAGNESIUM  1.9  mg/dL  1.8-2.3  MG
      PHOSPHORUS  1*2.3  mg/dL  2.4-4.6  PO4
      Icteric specimen, may tend to increase result
5-26-07  23:00  CBC W/PLATELET COUNT  CBC
      WBC COUNT  h*11.8  x10E9/L  3.4-10  WBC
      RBC COUNT  1*3.02  x10E12/L  4.4-5.9  RBC
      HEMOGLOBIN  1*8.9  g/dL  13.6-17.5  HGB
      HEMATOCRIT  1*26.3  PERCENT  41-53  HCT
      MCV  87  fL  80-100  MCV
      MCH  29.6  pg  26-34  MCH
      MCHC  33.9  g/dL  31-36  MCHC
      PLATELETS  1*124  x10E9/L  140-450  PLT
PARN  5-26-07  17:00  HEMOGLOBIN  1*9.2  g/dL  13.6-17.5  HGB
      17:00  HEMATOCRIT  1*26.8  PERCENT  41-53  HCT
      05:25  CHECK SPECIMEN  In Lab  CHEK
      04:22  CROSSMATCH, STANDARD
      CHECK SPEC REQ'D?  YES  CSPC
      ABO/RH COMMENT  ABOC
      CA law requires MD to inform pregnant women of Rh,
      ANTIBODY SCREEN  NEG  ABSC
      CROSSMATCH, STANDARD  XM
      ABO/RH(D)  O POS  %ABR
      ABO/RH COMMENT  ABOC
      CA law requires MD to inform pregnant women of Rh,
      ALLOCATED UNIT  X000
      UNIT # 1661631; RBC,CPDA1,LEUKO.RED; ISSUED,FINAL

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PR. v. nF &



# EXHIBIT [D]

PLAINTIFF'S MEDICAL RECORDS OF PBSP.  
25 TOTAL PAGES.

NOTE: SEND COPY OF PHYSICIAN'S ORDER FOR MEDICATION  
TO PHARMACY AFTER EACH ORDER IS SIGNED

Order Date	Time	Problem #	Physician's Order and Medication (Orders must be dated, timed, and signed)
5/17/07			Dr. Sogge Liver Biopsy Order:
			Pre Liver Biopsy:
			1. CBC
			2. PLATELETS
			3. PT and PTT
			4. NPO AFTER MIDNIGHT BEFORE PROCEDURE.
			POST LIVER BIOPSY:
			1. VS Q 15 mins. X 1 Hour
			2. VS Q 1 Hour Until Discharge.
			3. I/M to remain on right side until discharge.
			4. Discharge after 2 Hours if stable.

*[Handwritten signature]*

*Noted 5/17/2007  
re address*

ALLERGIES	INSTITUTION PELICAN BAY STATE PRISON	ROOM/WING
Confidential client information See W I Code, Sections 4514 and 5328	CDC NUMBER, NAME (LAST, FIRST, MI) K37471 GOMEZ CF04U 000224L DOB: 1/26/1977 REL_DATE:	

PHYSICIAN'S ORDERS

CDC 7221' (4/90)  
STATE OF CALIFORNIA

94 85598 DEPARTMENT OF CORRECTIONS

COPY

SAME-DAY STAY PROCEDURE FLOW SHEET

PROCEDURE: Liver Biopsy Dr. Sogge

DATE 05/17/2007  
TIME IN 0738 TIME OUT 0742  
5/17/07 0742

LEVEL OF CONSCIOUSNESS				SKIN COLOR				SKIN TEMP				SKIN MOISTURE				MEDICATION ALLERGIES	
pre-op		post-op		pre-op		post-op		pre-op		post-op		pre-op		post-op			
<input checked="" type="checkbox"/> Alert		<input checked="" type="checkbox"/> Alert		<input checked="" type="checkbox"/> Normal		<input checked="" type="checkbox"/> Normal		<input checked="" type="checkbox"/> Hot		<input checked="" type="checkbox"/> Hot		<input checked="" type="checkbox"/> Normal		<input checked="" type="checkbox"/> Normal			
<input type="checkbox"/> Oriented		<input type="checkbox"/> Oriented		<input type="checkbox"/> Pale		<input type="checkbox"/> Pale		<input type="checkbox"/> Warm		<input type="checkbox"/> Warm		<input type="checkbox"/> Dry		<input type="checkbox"/> Dry			
<input type="checkbox"/> Disoriented		<input type="checkbox"/> Disoriented		<input type="checkbox"/> Ashen		<input type="checkbox"/> Ashen		<input type="checkbox"/> Cool		<input type="checkbox"/> Cool		<input type="checkbox"/> Moist		<input type="checkbox"/> Moist			
<input type="checkbox"/> Confused		<input type="checkbox"/> Confused		<input type="checkbox"/> Cyanotic		<input type="checkbox"/> Cyanotic		<input type="checkbox"/> Cold		<input type="checkbox"/> Cold							
<input type="checkbox"/> Lethargic		<input type="checkbox"/> Lethargic		<input type="checkbox"/> Flushed		<input type="checkbox"/> Flushed											
<input type="checkbox"/> Slow to comprehend		<input type="checkbox"/> Slow to comprehend															
LUNG SOUNDS				RESPIRATIONS				ABDOMEN				SITE: Liver bx puncture				DRESSING: Bandaide	
pre-op		post-op		pre-op		post-op		pre-op		post-op		pre-op		post-op			
R	L	R	L	<input checked="" type="checkbox"/> Unlabored	<input checked="" type="checkbox"/>	<input type="checkbox"/> BS present	<input type="checkbox"/>	<input checked="" type="checkbox"/> BS absent	<input checked="" type="checkbox"/>	<input type="checkbox"/> Distended	<input type="checkbox"/>	<input checked="" type="checkbox"/> Minimal		<input type="checkbox"/> Dry			
<input checked="" type="checkbox"/> Clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Labored	<input type="checkbox"/>	<input type="checkbox"/> Flat	<input type="checkbox"/>	<input type="checkbox"/> Rigid	<input type="checkbox"/>	<input type="checkbox"/> Soft	<input type="checkbox"/>	<input type="checkbox"/> Moderate		<input checked="" type="checkbox"/> Intact			
<input type="checkbox"/> Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Shallow	<input type="checkbox"/>	<input type="checkbox"/> Deep	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>			<input type="checkbox"/> Heavy		<input type="checkbox"/> Pressure dressing			
				<input type="checkbox"/> Deep	<input type="checkbox"/>									<input checked="" type="checkbox"/> second bandaid applied			
				<input type="checkbox"/> Other	<input type="checkbox"/>												

VITAL SIGNS					MEDICATIONS			
TIME	B/P	PULSE	RESP	TEMP	MEDICATION	DOSE	FREQ	ROUTE
0711	122/79	72	18	98.7				
pre-op								
0805	116/68	76	18	98.2				
0820	118/79	74	18	98.4				
0842	122/69	76	18					
0908	124/70	78	18					
0950	122/80	79	18	98.4				
1012	124/79	74	18					
No change of signs or symptoms. Tolerated procedure well - DO to call - SWadden, RN								

PROGRESS NOTES

To recovery area via guerny in stable condition. Transfers self to bed without difficulty. Instructed to remain on right side on towel roll until discharge. Verbalized understanding. Hepatitis Patient Information handout given.

Post-op instructions given, verbalized understanding, copy to chart and to patient.

SWadden, RN  
RN/MTA/MD

PATIENT DISPOSITION

☐ Return to Custody

☐ Admit to CTC

☐ Send to outside hospital

K37471 GOMEZ  
1/26/1977 CF04U 00000022

NAME : Gomez, P

NUMBER K37471

HOUSING C4-2242

PBSP-LAB-001

PELICAN BAY STATE PRISON

HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 5-17-07

TYPE OF TEST:  
(circle test type)

BASIC BLOOD TESTS  
OTHER:

HEPATITIS SCREEN

X-RAY

EKG

Sogge procedure note

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

- ☐ Your test result is essentially within normal limits. No physician follow-up is required.
- ☐ Your test result remains unchanged an will be reviewed with you at your next Chronic Care Appointment.
- ☐ Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.
- ☐ Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

☒ FYU Scheduled

PHYSICIAN REMARKS

Box 5/17/07 Stage 2  
grade 0-1

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

[Signature]  
Physician & Surgeon

5-23-07  
Date & Time

CONFIDENTIAL

NAME :

NUMBER

HOUSING

PBSP-LAB-001

COPY

NAME : Gomez NUMBER R37471 HOUSING CTC-176 PBSP-LAB-001  
PELICAN BAY STATE PRISON HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 5/17/07

TYPE OF TEST:  
(circle test type)

BASIC BLOOD TESTS  
OTHER:

HEPATITIS SCREEN

X-RAY

EKG

Liver Bx

5/23/07  
Chest  
Abd } normal.

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

- ☐ Your test result is essentially within normal limits. No physician follow-up is required.
- ☐ Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.
- ☒ Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.
- ☐ Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

PHYSICIAN REMARKS

Liver Biopsy: Grade 0-1/4, Stage 2/4  
(Inflammation) (Scarring)

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

  
Physician & Surgeon

31 May '07  
Date & Time

CONFIDENTIAL

NAME : NUMBER HOUSING PBSP-LAB-001

COPY



NAME: Gomez NUMBER K37471 HOUSING C4-224L PBSP-LAB-001

PELICAN BAY STATE PRISON HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 5/21/07

TYPE OF TEST:  
(circle test type)

BASIC BLOOD TESTS  
OTHER:

HEPATITIS SCREEN

X-RAY

EKG x2

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

- ☒ Your test result is essentially within normal limits. No physician follow-up is required.
- ☐ Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.
- ☐ Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.
- ☐ Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

PHYSICIAN REMARKS

Normal EKG

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

[Signature]  
Physician & Surgeon  
6-5-07  
Date & Time

CONFIDENTIAL

NAME : NUMBER HOUSING PBSP-LAB-001

CCP

EMERGENCY CARE FLOW SHEET

CALIFORNIA DEPARTMENT OF CORRECTIONS

PBSP 7206

INMATE	NAME LAST GOMEZ	FIRST PEDRO	CDC NUMBER K37471	HOUSING C04U224L	DOB 01-26-1977	
TIME OF INCIDENT 1800, 5-21-07	LOCATION OF INCIDENT C4-224	MODE OF ARRIVAL GUERNEY				
STAFF	NAME LAST	FIRST	OCCUPATION	SEX	AGE	DOB
CHIEF COMPLAINT	I/P BROUGHT TO UTA BY MTA ROVER IN ROVER VAN IN A STOKES LITTER AFTER DYSPNIA AND CHEST PAIN IN C SHU HOUSING			TB CODE 32	DATE OF LAST TETANUS UNKNOWN	

MECHANISM OF INJURY	SKIN COLOR	SKIN TEMP	SKIN MOISTURE	CAPILLARY REFILL	GLASCOW COMA SCALE																																	
<input type="checkbox"/> STABBING <input type="checkbox"/> PHYSICAL ALTERCATION <input type="checkbox"/> GUNSHOT WOUND <input type="checkbox"/> BURN <input type="checkbox"/> SPORTS INJURY <input type="checkbox"/> ON THE JOB INJURY <input checked="" type="checkbox"/> OTHER POSSIBLY RELATED TO LIVER BIOPSY	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> ASHEN <input type="checkbox"/> CYANOTIC <input type="checkbox"/> FLUSHED	<input type="checkbox"/> HOT <input type="checkbox"/> WARM <input checked="" type="checkbox"/> COOL <input type="checkbox"/> COLD	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> DRY <input type="checkbox"/> MOIST <input type="checkbox"/> PROFUSE	<input type="checkbox"/> < 2 SECONDS <input checked="" type="checkbox"/> > 2 SECONDS <input type="checkbox"/> NONE	TIME 1903	EYE OPENING RESPONSE 4	BEST VERBAL RESPONSE 5	BEST MOTOR RESPONSE 6																														
LUNG SOUNDS	RESP CHARACTER	EVIDENCE OF TRAUMA			TIME 1903  PUPIL RESPONSE R L R L B B 3 3  KEY C=CLOSE B=BRISK SL=SLUGGISH F=FIXED 3 4 5 6 7 8																																	
RT <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> WHEEZES <input type="checkbox"/> RALES <input type="checkbox"/> RHONCHI <input type="checkbox"/> DIMINISHED <input type="checkbox"/> ABSENT	LT <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> LABORED <input checked="" type="checkbox"/> UNLABORED <input type="checkbox"/> PAINFUL <input type="checkbox"/> SHALLOW <input type="checkbox"/> DEEP <input type="checkbox"/> RETRACTION <input type="checkbox"/> NASAL FLARING	<input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> G/U <input type="checkbox"/> PELVIS <input type="checkbox"/> BACK SPINE POSSIBLY EXERCISE RELATED <input type="checkbox"/> HEAD <input type="checkbox"/> NECK <input type="checkbox"/> EXTREMITIES <input checked="" type="checkbox"/> OTHER																																			
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TIME	ROUTE	RATE	SaO2																																			

CURRENT MEDICATIONS
NEXIUM 20MG CAPSULE 40 MG
MEDICATION ALLERGIES

COPY

Page 1 of 2	NAME (LAST, FIRST, MI) GOMEZ, PEDRO
	CDC# K37471

DC 1 05 75

SIGNATURES	RN/MTA/MD	PATIENT DISPOSITION	PATIENT CONDITION ON DISCHARGE
	RN/MTA/MD		
	RN/MTA/MD		
	RN/MTA/MD		
SUPERVISOR REVIEW	MODE OF DEPARTURE:		TIME 05-21-2007 2106
K7st 5 1200t	Ambulatory		-st-b4

## SOAP NOTATIONS

## SUBJECTIVE: (PATIENT'S STATEMENTS, HISTORY)

DATE/TIME	PROVIDER
05-21-2007 2030	MPIMSJEC, CARR, RN

S: I/P CO SHORTNESS OF BREATH AND SUDDEN ONSET DULL CHEST PAIN. I HAD A LIVER BIOPSY LAST THURSDAY 5-17-07

O: ARRIVED ALERT AND ORIENTED, SKIN, COOL DRY WARMING, SLOW VERBAL RESPONSE WHILE BEING TRANSFERRED FROM MTA VAN IN A STOKES LITTER ONTO A GURNEY. NO GUARDING OF CHEST, GIVEN ASA 325 MG PO ON ARRIVAL. GRADED PAIN AS 0/10 AFTER ARRIVING AT UTA. V/S ON ARRIVAL 99-67-18, 127/80, OX SAT=100%. MED HX HCV, LIVER BX 5-17-07. NO GUARDING OF ABD, ACTIVE BOWEL SOUNDS X 4 QUAD, BM TODAY, NO UNUSUAL CHANGES IN STOOL COLOR, MUCOUS MEMBRANES PINK AND MOIST, NO ICTERIC CONJUNCTIVA. EKG REFLECTS NORMAL SINUS RHYTHM

A: ALT COMFORT; GERD VS CAD

P: DISCUSSED WITH DR WILLIAMS

I: GI COCKTAIL ADMINISTERED PER DR WILLIAMS V/O, IE, 30 ML ALAMAG, 5ML 2% VISCOUS LIDOCAINE, AND 5 ML BANOPHEN. OBSERVED FOR RESOLUTION AND CONTINUE TO ASSESS DEGREE AND CHARACTER OF CHEST PAIN AND V/S. I/P CONVERSATIONAL WITHOUT GUARDING.

P: REDISCUSED WITH DR WILLIAMS

I: ADMINISTER 40 MG PO NEXIUM AND RX DAILY X 30 DAYS PER DR WILLIAMS. RETURN TO CUSTODY HOUSING WITH INSTRUCTIONS TO RETURN FOR MEDICAL EVALUATION IF CHEST PAIN, DYSPNIA PERSIST ESPECIALLY PROFUSE SWEATING PERSIST. SCHEDULED 5 DAY POST UTA EVALUATION IN RESPECTIVE UNIT HEALTH CARE CLINIC. J. CARR, RN.

## ASSESSMENT: (NURSING DIAGNOSIS)

DATE/TIME	DESCRIPTION	NOTES

## PLAN: (PT EDUCATION, FOLLOWUP, MD ORDERS, ETC.)

DATE/TIME	DESCRIPTION	NOTES
05-21-2007 2049	NEXIUM 20MG CAPSULE	V/O PER DR WILLIAMS

COPY

Page 2 of 2

NAME (LAST, FIRST, MI)	GOMEZ, PEDRO
CDC#	K37471

PG 17 NF 25



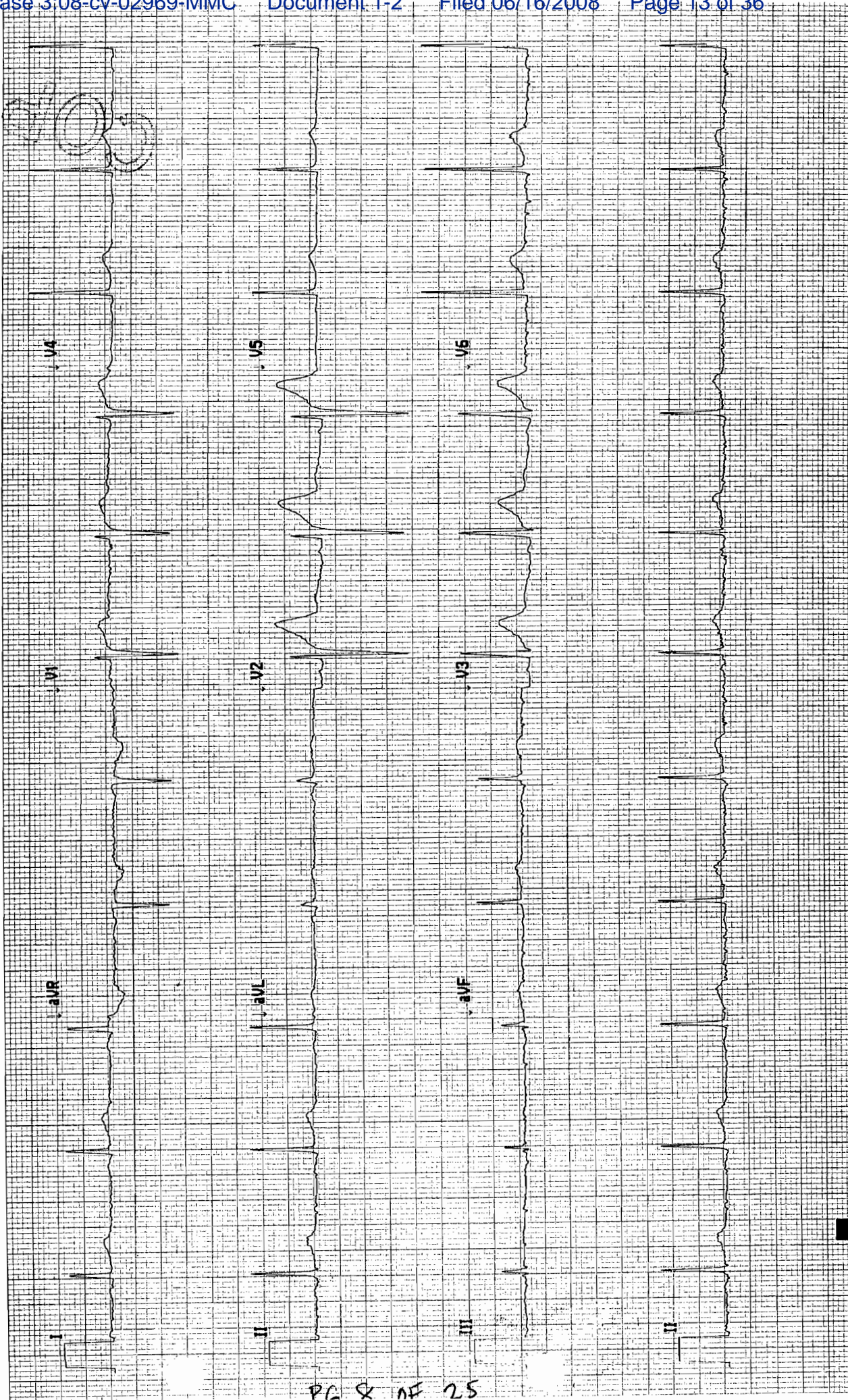
SINUS RHYTHM  
NORMAL ECG

21-May-2007 18:43:33

Vent rate: 63 BPM  
PR int: 126 ms  
QRS dur: 89 ms  
QT/QTc: 374/381 ms  
P-R-T axes: -15 53 40

Gomez  
ID: K37471  
DOB: 01/26/1977  
30yr 6in 170lb  
BP: 125/80  
Male Pac Islander  
Med: Diuretic,

confirm: normal ECG  
C.P. [signature] MD



MADE IN USA

D805

Version 1.06 Sequence #00687 Frequency response 10.05-407 Hz

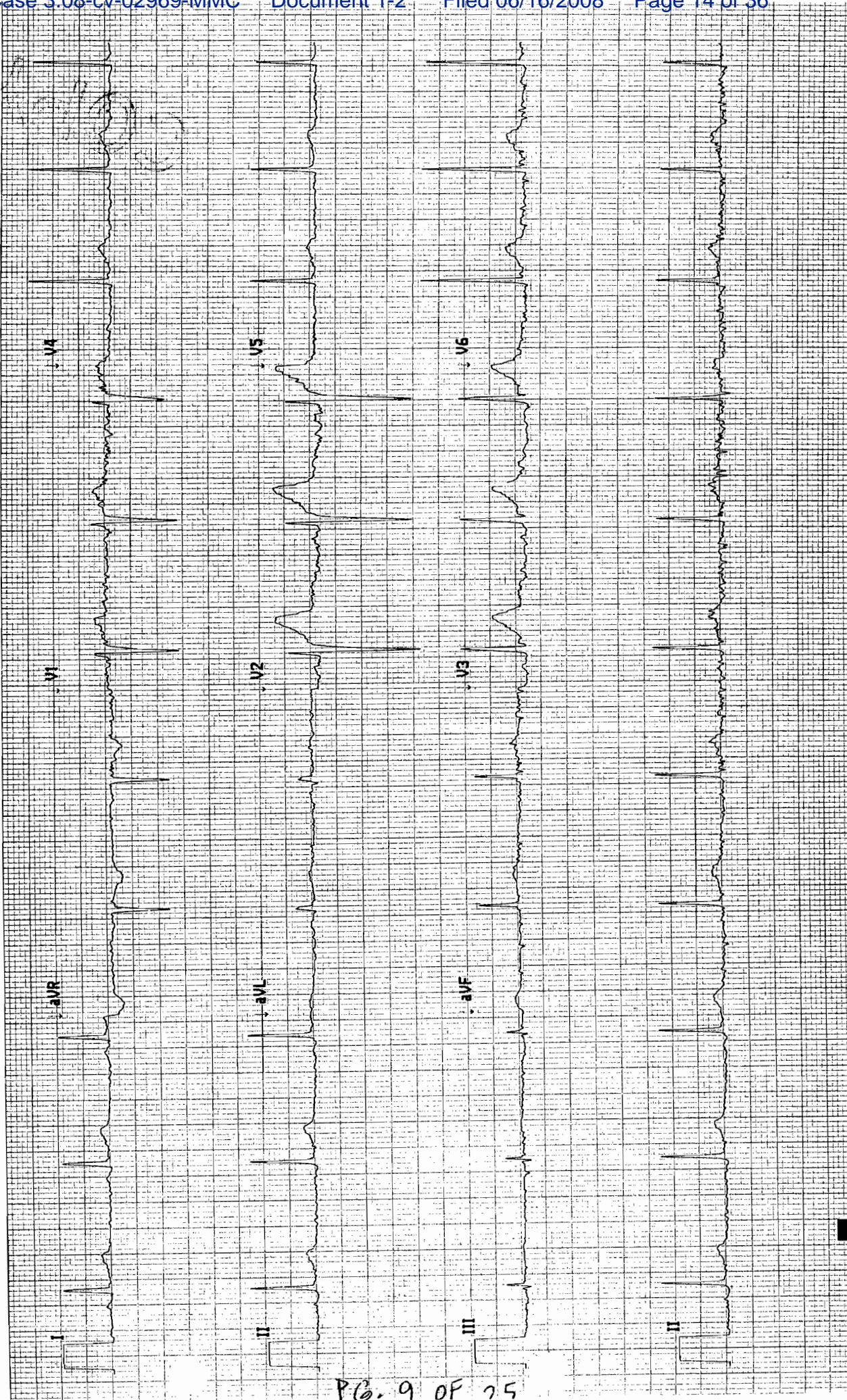


CONTINUED: NORMAL ECG  
L.P. Weiner, M.D.

21-may-2007 10:40:12  
NORMAL ECG

Vent rate: 62 BPM  
PR int: 162 ms  
QRS dur: 96 ms  
QT/QTc: 387/392 ms  
P-R-T axes: 34 53 40

uomez  
ID: K37471  
DOB: 01/25/1977  
30yr 6m 170lb  
BP: 125/80  
Male Pac Islander  
Med: Diuretic,



PG. 9 OF 25

MADE IN USA

Version 1.06 Sequence #00688 Frequency response 10.05-407 Hz



Notes

Entry Dt/Tm: 05-22-2007 2154 Entered By: MEDHANE, LVN, YORDANOS

I/P c/o chest pain and shortness of breath. Spoke with I/P at cell front. I/P alert and oriented, steady gait. Denies any nausea, vomiting, cough, leg cramps. Denies any abdominal discomfort. v/s 96-18-134/86, OX SAT 100%. Respirations even and unlabored. Med HX of HCV, explained that he had liver biopsy on 05/17/07.

I/P appeared intent on going to the CTC for further evaluation, eventhough I/P was seen on 05/21/07 in CTC, and prescribed Nexium. I/P was insistent on going to CTC. After initial visit informed CTC, and spoke with RN Bales, who explained that RN Rover would reassess I/P. I/P said he took the Nexium capsules that he received on 05/22/07, then he scurried up the stairs, and joked around with other I/M.

PHYSICIAN'S PROGRESS NOTES		CDC #: K37471
CDC 7230		Name(L,F,M,S): GOMEZ, PEDRO
STATE OF CALIFORNIA	DEPARTMENT OF CORRECTIONS	

COPY

Subjective

Entry Dt/Tm: 05-22-2007 1217 Entered By: MPIMSLCB , BREE, RN  
Updated Dt/Tm: 05-22-2007 1231 Updated By: MPIMSLCB , BREE, RN

Inmate asks officer to call re his sick call of having chest pain breathing difficultly and back pain since the day after he had his liver biopsy. He states he is unable to sleep due to the pain and shortness of breath. Biopsy nurse is notified and states she can see no correlation between his current symptoms and his liver biopsy other than they are given written instructions to seek medical attention for the symptoms listed and he listed all of the same.

Objective

Other

Name: 7362  
Provider: BREE, RN , LORI Other Dt/Tm: 05-22-2007 1232

Notes: Inmate is seen at cell front. As he descends the stairs he is smiling and happy during the time he is relating his symptoms he is very somber. He relates that he is feeling dizzy at times and feels short of breath and diaphoretic although not at this time he states he feels worse in the am each day since he had the biopsy. He went to ER last evening and was given GI cocktail which he said helped for a short time . His vitals are stable at 150/98 p 9l r 16 O2 sat is 99% on room air. His lungs are clear to auscultation and his biopsy area is clear of infection or swelling at this time. He does not appear to be in significant pain at this time.

Assessment

Medical Diagnosis

Code: 719.4      Description: PAIN IN JOINT  
Axis:      GAF:      Status: CURRENT      Provider: ROWE, MD, LINDA  
Diagnosis Dt/Tm: 08-28-2006 1210      Resolve Dt/Tm: 00-00-0000 0000      Priority:  
Notes: L wrist

Plan

Provider: BREE, RN, LORI      Plan Dt/Tm: 05-22-2007 1241      Completed By:  
Completed Dt/Tm:      Patient Education: N      Phone Order Status: NONE  
Entry Dt/Tm: 05-22-2007 1241      Entered By: MPIMSLCB, BREE, RN

Alteration in Comfort  
Inmate is already scheduled for follow up with clinic MD this week he is notified and is told to take it easy and relax until he is seen and he will be re checked in the AM by the nurse. He will recieve his ordered medication this evening.

Order

PHYSICIAN'S PROGRESS NOTES		CDC #: K37471 Name(L,F,M,S): GOMEZ, PEDRO
CDC 7230 STATE OF CALIFORNIA	DEPARTMENT OF CORRECTIONS	

COPY

Subjective

Entry Dt/Tm: 05-22-2007 2136 Entered By: MPIMSDWT , TIMME, SR RN

Updated Dt/Tm: 05-22-2007 2140 Updated By: MPIMSDWT , TIMME, SR RN

Pt states "I have been having chest pain for about 3 days. It comes and goes. I have not had anything to eat for a couple of days either. I had some coffee cake this morning and then I had chest pain after that. I drank some water later on and had chest pain again. I need to go to the CTC and get another EKG. The Nexium they gave me did not help much.

Objective

Vitals

Vitals Dt/Tm: 05-22-2007 2140 Temp (°F): 97.6 Pulse: 71 Respiration: 18

Blood Pressure: 166/83 Wgt: Hgt: " Provider: TIMME, SR RN , DAVID

Notes:

Other

Name: Chest Pain

Provider: TIMME, SR RN , DAVID Other Dt/Tm: 05-22-2007 2142

Notes: Pt escorted into C clinic walking with steady upright gait without guarding. A/O x3, VSS, L/S clr equal bilat unlabored, HRR, Pulses strong equal bilat. Talking in clear sentences with out problem. BS x4. C/O CP mostly on right side of chest, with some on the left, also c/o pain throughout back, Pt stated having increased cp after eating. Inmate was seen previous night for c/o cp at CTC with, pt was sent back to his cell after work up. Pt insisted on going back to CTC for another EKG and fell on floor refusing to cooperate with CO.

PHYSICIAN'S PROGRESS NOTES		CDC #: K37471
CDC 7230		Name(L,F,M,S): GOMEZ, PEDRO
STATE OF CALIFORNIA	DEPARTMENT OF CORRECTIONS	COPY

Assessment

Medical Diagnosis

Code: 719.4 Description: PAIN IN JOINT  
Axis: GAF: Status: CURRENT Provider: ROWE, MD, LINDA  
Diagnosis Dt/Tm: 08-28-2006 1210 Resolve Dt/Tm: 00-00-0000 0000 Priority:  
Notes: L wrist

Plan

Provider: TIMME, SR RN, DAVID Plan Dt/Tm: 05-22-2007 2157 Completed By:  
Completed Dt/Tm: Patient Education: N Phone Order Status: NONE  
Entry Dt/Tm: 05-22-2007 2157 Entered By: MPIMSDWT, TIMME, SR RN

Chest Pain

1. Scheduled for PCP line
2. Continue meds as scheduled
3. Contact medical if pain gets worse
4. Pt non cooperative, hands on escort back to cell

Order

PHYSICIAN'S PROGRESS NOTES		CDC #: K37471 Name(L,F,M,S): GOMEZ, PEDRO	COPY
CDC 7230 STATE OF CALIFORNIA	DEPARTMENT OF CORRECTIONS		



## HEALTH CARE SERVICE REQUEST FORM (PBSP 736)

3959

## PART I: TO BE COMPLETED BY THE PATIENT

If you believe this to be an urgent/emergent health care need, contact the correctional officer on duty

REQUEST FOR: MEDICAL ☐ PSYCHIATRY ☐ MENTAL HEALTH ☐ DENTAL ☐ PHARMACY ☐

NAME: Gomez CDC #: K37471 HOUSING: C4-224

PHARMACY REFILL #

\*Pharmacy, place labels on back of form\*

THE REASON YOU WANT HEALTH CARE. (DESCRIBE YOUR HEALTH PROBLEM AND HOW LONG YOU HAVE HAD THE PROBLEM) EXPERIENCING SEVERE PAIN; CHEST AND BACK.

BREATHING DIFFICULTIES. ~~THESE~~ HAVE BEEN GOING

THROUGH THIS FOR A COUPLE DAYS AGO. [I HAD

A LIVER BIOPSY ON THURSDAY 05/17/07] CAN'T SLEEP

OR DO ANY ACTIVITIES DUE TO PAIN &amp; SHORTNESS OF BREATH.

PATIENT'S SIGNATURE: P. Gomez DATE: 05-22-07

## PART II: TO BE COMPLETED BY THE TRIAGE RN/RDA/MTA

Date &amp; Time Received: 5/22/07 0200 Received by: [Signature]

Reviewed by RN/RDA, Date: 5/22/07 Time: 1230 Signature: [Signature] Triage Designation: [Signature]

S:

O: T: — P: 91 R: 16 BP: 150/98 WEIGHT: 02 Sat 994

A:

P:

Signature/Date/Time:

APPOINTMENT SCHEDULED AS: EMERGENCY ☐ (immediately) URGENT ☐ (within 24 hours) ROUTINE ☒ (within 14 calendar days)

REFERRED TO PCP: DATE OF APPOINTMENT: 5/22/07

Print/Stamp Name

Signature/Title

Date &amp; Time Completed

## COPAYMENT INFORMATION – TO BE FILLED OUT BY DEPARTMENTAL STAFF

1. ☐ Visit was for an emergency
2. ☐ Visit was for diagnosis or treatment of a communicable disease condition (See Title 17, Chapter 4, Subchapter 1, Section 2500 CCR)
3. ☐ Visit was for mental health services
4. ☐ Visit was a follow-up requested by the clinician.
5. ☐ Visit was for State mandated evaluation or treatment (e.g., Annual TB tests)
6. ☐ Visit was for reception screening and evaluation only
7. ☐ Visit is NOT exempt from co-payment. Send PINK copy to Inmate Trust Office.

## DISTRIBUTION:

ORIGINAL-Unit Health Record  
PBSP 7362 (Rev. 7/03)

YELLOW - Pharmacy

PINK - Inmate Trust

GOLDENROD - Inmate/Patient

Name:

CDC#:

Housing:

Institution:

Notes:

05-23-2007 1455 S: Pt. had a liver biopsy 6d ago and has had abdominal pain since. He says the pain started in his RUQ and is now going through to his back and up to his right shoulder. He says the pain is severe and causes him to break out in a sweat and it seems like he can't breathe during these episodes. He says it makes him nauseous but he has not vomited. He denies fever, chills, and malaise.

O: Vitals: 98.6, 70, 18, 142/81, 99%. Gen.: laying on the gurney breathing normally and in no distress at the moment. Abd.: soft, without guarding, tender to palpation of entire abd. without rebound, positive Murphy's sign, bowel sounds physiologic.

A: I suspect he has a complication from his liver biopsy.

P: Transport to SCH via ambulance for imaging studies, the hospital has been notified. Follow up will be prn those results and with his PCP in 5d.

Claire P. Williams, MD

COPY

~~Page 3 of 3~~

NAME (LAST, FIRST, MI)	GOMEZ, PEDRO
CDC#	K37471

PC 16 of 25

RN/MTA/MD	SCIT	TIME 05-23-2007 1539	atcby
RN/MTA/MD			
RN/MTA/MD			
RN/MTA/MD			
SUPERVISOR REVIEW	MODE OF DEPARTURE:		
K7ust s ngt	PNA - Code IT		

SOAP NOTATIONS	
SUBJECTIVE: (PATIENT'S STATEMENTS, HISTORY)	
DATE/TIME	PROVIDER
05-23-2007 1510	MPIMSJMB, BALES, RN

S: " I had this pain 3 days ago. I had liver biopsy done last thursday (5/17/07). After I had pain and I know it can probably be because of the procedure. Then 3 days ago, it was hurting bad. It hurts here (RUQ) then going to my back."

O: Inmate alert, oriented x4, ambulatory, with some guarding while walking, not in acute distress, respiration even and unlabored, no physical deformities noted. Biopsy mark noted on right upper quadrant. Noted pain and tenderness during palpation of RUQ and back.

This inmate was seen in UTA last monday, 5/21/07, for abdominal pain. GI cocktail was given which gave temporary relief. Abdominal pain persisted yesterday and until this morning hence he was brought back to UTA for re-evaluation of the problem.

A: Altered comfort related to presence of abdominal pain s/p liver biopsy.

P: Inmate vital signs taken and recorded. Physical assessment and interview done. Dr. Williams notified of inmate problem. Suggested to send inmate to SCH ER for further evaluation and treatment of problem.

Inmate verbalized understanding and acceptance with above plan.

Jose Bales, RN

ASSESSMENT: (NURSING DIAGNOSIS)		
DATE/TIME	DESCRIPTION	NOTES

PLAN: (PT EDUCATION, FOLLOWUP, MD ORDERS, ETC.)		
DATE/TIME	DESCRIPTION	NOTES

COPY

EMERGENCY CARE FLOW SHEET  
CALIFORNIA DEPARTMENT OF CORRECTIONS  
PBSP 7206

INMATE	NAME LAST GOMEZ	FIRST PEDRO	CDC NUMBER K37471	HOUSING C04U224L	DOB 01-26-1977	
TIME OF INCIDENT 1430	LOCATION OF INCIDENT C-SHU	MODE OF ARRIVAL ambulatory with guarding noted				
STAFF	NAME LAST	FIRST	OCCUPATION	SEX	AGE	DOB
CHIEF COMPLAINT	CC: Abdominal pain s/p liver biopsy			TB CODE 32	DATE OF LAST TETANUS unrecalled	

MECHANISM OF INJURY	SKIN COLOR	SKIN TEMP	SKIN MOISTURE	CAPILLARY REFILL	GLASCOW COMA SCALE			
<input type="checkbox"/> STABBING <input type="checkbox"/> PHYSICAL ALTERCATION <input type="checkbox"/> GUNSHOT WOUND <input type="checkbox"/> BURN <input type="checkbox"/> SPORTS INJURY <input type="checkbox"/> ON THE JOB INJURY <input checked="" type="checkbox"/> OTHER Abdominal pain s/p liver biopsy	<input checked="" type="checkbox"/> NORMAL <input type="checkbox"/> PALE <input type="checkbox"/> ASHEN <input type="checkbox"/> CYANOTIC <input type="checkbox"/> FLUSHED	<input type="checkbox"/> HOT <input checked="" type="checkbox"/> WARM <input type="checkbox"/> COOL <input type="checkbox"/> COLD	<input type="checkbox"/> NORMAL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> MOIST <input type="checkbox"/> PROFUSE	<input checked="" type="checkbox"/> < 2 SECONDS <input type="checkbox"/> > 2 SECONDS <input type="checkbox"/> NONE	TIME 1500	EYE OPENING RESPONSE 4	BEST VERBAL RESPONSE 5	BEST MOTOR RESPONSE 6

LUNG SOUNDS	RESP CHARACTER	EVIDENCE OF TRAUMA	
RT <input checked="" type="checkbox"/> CLEAR <input type="checkbox"/> WHEEZES <input type="checkbox"/> RALES <input type="checkbox"/> RHONCHI <input type="checkbox"/> DIMINISHED <input type="checkbox"/> ABSENT	LT <input checked="" type="checkbox"/> UNLABORED <input type="checkbox"/> PAINFUL <input type="checkbox"/> SHALLOW <input type="checkbox"/> DEEP <input type="checkbox"/> RETRACTION <input type="checkbox"/> NASAL FLARING	<input type="checkbox"/> CHEST <input type="checkbox"/> ABDOMEN <input type="checkbox"/> G/U <input type="checkbox"/> PELVIS <input type="checkbox"/> BACK SPINE	<input type="checkbox"/> HEAD <input type="checkbox"/> NECK <input type="checkbox"/> EXTREMITIES <input checked="" type="checkbox"/> OTHER inmate s/p liver biopsy 5/17/07

VITALS	TIME	TEMP	PULSE	RESP	BP	SaO2
	05-23-2007 1500	98.6	70	18	142/81	99
	00-00-0000 0000				/	
	00-00-0000 0000				/	
IV	TIME	NAME	SITE	GAUGE	RATE	
	00-00-0000 0000					
	00-00-0000 0000					
ADMISSION	TIME	ROUTE	RATE	SaO2		

TIME	PUPIL RESPONSE		PUPIL SIZE			
	R	L	R	L		
1500	B	B	4	4		
KEY C=CLOSE B=BRISK SL=SLUGGISH F=FIXED						
	3	4	5	6	7	8

CURRENT MEDICATIONS

NEXIUM 20MG CAPSULE 40 MG

MEDICATION ALLERGIES

COPY



Subjective

Entry Dt/Tm: 05-23-2007 1346 Entered By: MPIMSLMR, ROWE, MD  
Updated Dt/Tm: 05-23-2007 1417 Updated By: MPIMSLMR, ROWE, MD

Pt being seen a day earlier for F/U post liver bx 5-17-07; has been c/o chest pain and abd pains off and on since the procedure.  
Was seen in UTA 5-21-07 and given a GI cocktail and Nexium but he says this does not help. He had an EKG that was unremarkable?- no copy available to review. He was seen yesterday by the RN and earlier today by the RN--because of continued complaints, I am seeing him now.  
Pt has generalized upper body pains involving the shoulders/chest/lung areas and RUQ primarily; it comes a goes; has decreased appetite but has forced himself to eat; feels some nausea but no vomiting; no fever but was sweating last night; having normal BMs. No cough or urinary symptoms; says the Nexium does nothing for his pains  
"It just hurts bad" in all the above areas; sometimes it is sharp and other times like something is hitting my nerves. He gets SOB or feels like " I am collapsing".

Objective

Other

Name: CTC TRANSFER  
Provider: MEDHANE, LVN, YORDANOS Other Dt/Tm: 05-21-2007 1805

Notes: CALLED BY 4-BLOCK OFFICER DUE TO C/C OF CHEST PAIN/SHORTNESS OF BREATH. WHEN ASKED HOW LONG? PT. STATED, "ALL DAY". WENT TO PT CELL FRONT, BUT PT. WOULD NOT GET UP IN ORDER TO TAKE VITALS. ONCE PT. TAKEN OUT OF CELL VITALS WERE TAKEN AND PT. WAS SENT TO CTC FOR FURTHER EVALUATION.

Name: F/U post liver bx and c/o pain  
Provider: ROWE, MD, LINDA Other Dt/Tm: 05-23-2007 1417

Notes: BP varies but has been elevated lately as is his pulse; O2 sats are good with normal respirations  
Pt is anxious and says he is in bad pain most of the time  
Lungs- clear without wheezes or rales; says his lungs are sensitive  
Heart- RR without murmur or gallop  
Abd- soft with no masses; generalized tenderness upper and mid abd area; ?? flank pain, R>>L; no suprapubic tenderness  
No redness or bruise where needle went in for biopsy RUQ" + tenderness RUQ  
Liver bx results are stage 2 and grade 0-1; pt given a chrono regarding this

PHYSICIAN'S PROGRESS NOTES		CDC #: K37471
CDC 7230		Name(L,F,M,S): GOMEZ, PEDRO
STATE OF CALIFORNIA	DEPARTMENT OF CORRECTIONS	COPY



Assessment

Medical Diagnosis

Code: 999999      Description: ABSCESS OF L SIDE OF FACE/NEAR EAR  
Axis:      GAF:      Status: COMPLETE      Provider: ROWE, MD, LINDA  
Diagnosis Dt/Tm: 06-05-2006 0824      Resolve Dt/Tm: 08-28-2006 1210      Priority:  
Notes:

Code: 719.4      Description: PAIN IN JOINT  
Axis:      GAF:      Status: CURRENT      Provider: ROWE, MD, LINDA  
Diagnosis Dt/Tm: 08-28-2006 1210      Resolve Dt/Tm: 00-00-0000 0000      Priority:  
Notes: L wrist

Plan

Provider: BREE, RN, LORI      Plan Dt/Tm: 05-23-2007 0914      Completed By:  
Completed Dt/Tm:      Patient Education: N      Phone Order Status: NONE  
Entry Dt/Tm: 05-23-2007 0913      Entered By: MPIMSLCB, BREE, RN

Alteration in comfort  
Report given to MD and inmate is on MD line for tomorrow. She states this is sufficient. Will monitor further "attacks" inmate voices understanding.

Order

<b>PHYSICIAN'S PROGRESS NOTES</b>		CDC #: K37471
CDC 7230		Name(L,F,M,S): GOMEZ, PEDRO
STATE OF CALIFORNIA	DEPARTMENT OF CORRECTIONS	COPY
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Subjective

Entry Dt/Tm: 05-23-2007 0857Entered By: MPIMSLCB , BREE, RN

Updated Dt/Tm: 05-23-2007 0906Updated By: MPIMSLCB , BREE, RN

Inmate again calls stating he is now having abdominal pain. He keeps reminding us that he had a liver biopsy last week. Last night his pain had shifted from left sided pain to right sided his biopsy site yesterday was clear he has no family history of heart or stomach problems that he knows of. When seen he states the pain is gone. He states the pain comes and goes gives him a dizzy feeling and when he rests it goes away but sometimes the pain comes while he is at rest. He states he has these attacks 5-6 times a day comes and goes. he was seen and evaluated twice yesterday.

Objective

Vitals

Vitals Dt/Tm: 05-23-2007 0912Temp (°F): .0Pulse: 108Respiration: 16

Blood Pressure: 126/88Wgt: Hgt: "Provider: BREE, RN , LORI

Notes:

Other

Name: 7362

Provider: BREE, RN , LORIOther Dt/Tm: 05-23-2007 0906

Notes: Inmate again calls and states he had an attack of pain while out on the yard. He comes to the cell front and states the pain is now gone and he is evaluated by the nurse with findings the same as yesterday. Lungs CTA bowel sounds active had normal BM today his abdomen was soft and flat and he stated he felt no pain during palpation. his heart sounds were normal but he states he noted his urine was dark today and he states he drinks plenty of water. After he is evaluated he is watched while he goes up to his house he stops to speak with several inmates on the way and walks up the stairs without difficultly at this time

Assessment

Medical Diagnosis

Code: 999999      Description: ABSCESS OF L SIDE OF FACE/NEAR EAR  
Axis:      GAF:      Status: COMPLETE      Provider: ROWE, MD, LINDA  
Diagnosis Dt/Tm: 06-05-2006 0824      Resolve Dt/Tm: 08-28-2006 1210      Priority:  
Notes:

Code: 719.4      Description: PAIN IN JOINT  
Axis:      GAF:      Status: CURRENT      Provider: ROWE, MD, LINDA  
Diagnosis Dt/Tm: 08-28-2006 1210      Resolve Dt/Tm: 00-00-0000 0000      Priority:  
Notes: L wrist

Plan

Provider: ROWE, MD, LINDA      Plan Dt/Tm: 05-23-2007 1429      Completed By:  
Completed Dt/Tm:      Patient Education: N      Phone Order Status: NONE  
Entry Dt/Tm: 05-23-2007 1429      Entered By: MPIMSLMR, ROWE, MD

Spoke with Dr. Williams in UTA- to send inmate over and he will probably send out to SCH for further evaluation and imaaging, etc.  
RTC after above as 5-days higher lev1 visit

Order

**Pelican Bay State Prison  
Physician Request for Services**

(To be completed by requesting Physician and forwarded to Utilization Management RN)

Patient's Name: GOMEZ, PEDRO	CDC #: K37471	Housing: 304U224L
DOB: 01-26-1977	Gender: MALE	
Institution: PBSP	EPRD Date: 00-00-0000 0000	
Principal Diagnosis: GI DISORDER NOT GERD		ICD-9 Code: 787
Location: AUDIOLOGY		Cpt Code: 787
Please check all that apply:		
<input type="checkbox"/> Initial <input type="checkbox"/> Follow Up <input type="checkbox"/> Diagnostic <input type="checkbox"/> Outpatient <input type="checkbox"/> Inpatient <input checked="" type="checkbox"/> Consultation <input type="checkbox"/> Elective		
Treatment Priority: <input type="checkbox"/> Emergent <input type="checkbox"/> Urgent <input checked="" type="checkbox"/> Routine		
Proposed Provider: SCH ER visit		Anticipated Length Of Stay: 1
Expected Disposition: OTHER		
<b>Medical Necessity</b> (Briefly describe the clinical situation, history of the illness, treatments used, pertinent lab and imaging studies, etc.) Pt. had a liver biopsy 6d ago and has had abd. pain since. Pain started in RUQ and is now in his entire abd., back, and right shoulder. He was sent to SCH ER for imaging studies to rule out a complication from the biopsy.		
Estimated Time for service delivery, recovery, rehab, and follow up: 1		
Summary of preliminary or diagnostic work up and/or conservative treatment provided within the last three (3) months:		
Abd. soft without guarding, tender in entire abd. without rebound, positive Murphy's sign, physiologic bowel sounds		
Requesting Physician's Name: WILLIAMS, MD, CLAIRE		Date: 05-23-2007 1502

UM REVIEW		
1st Level:	Signature: MPIMSDKA	Date: 05-24-2007 0823
2nd Level:	Signature: MPIMSDKA	Date: 05-24-2007 0824
3rd Level:	Signature: MPIMSDKA	Date: 06-04-2007 1531

COPY

**Pelican Bay State Prison  
Physician Request for Services**

(To be completed by requesting Physician and forwarded to Utilization Management RN)

**Patient's Name:** GOMEZ, PEDRO

**CDC #:** K37471

**Housing:** 304U224L

Questions: Medical Providers shall submit sufficient documentation, using the checklist below, for CDC determine if the service requested meets CDC Medical Standards of Care, DOM reference 93011; and the Medical

Services for Inmates, Title 22, Sections 51301-54301; Title 15 sections 3350-3370. Requests meeting criteria will

forwarded for scheduling, Requests not meeting criteria for treatment/service will be forwarded to the Physician DOM policy.

*Physicians Statement of Medical Necessity Uses the Following Guidelines:*

"Reasonable and necessary to protect life, prevent significant illness, and to prevent significant disability, or to alleviate severe pain which are supported by health outcome data as effective medical care."

N Does request document that service meets the CDC definition of Medical Necessity as stated above?

Explain:

Please indicate the area that meets the statement:

N Prevents loss of life?

N Prevents significant disability limiting performance of activities of daily living?

N Alleviates disabling pain limiting reasonable independent function?

N Is proposed service within the CDC scope of service as outlined in the Medical Standards of Care?

Explain:

N Will service increase Inmates ability to perform minimum CDC work or education program?

Explain:

N Is the requested service consistent with ICD-9 for diagnosis and CPT treatment codes, and are the appropriate codes listed within this form?

Explain:

N Has the necessary clinical information/diagnostic work up been completed and documented to substantiate need of service?

Explain:

N Are there alternative treatment options available? Note which alternative treatment options were considered or employed and how they were ineffective in meeting the inmate needs.

Options Considered:

N Are there risk factors associated with providing or not providing the service and have they been discussed with the patient?

Explain:

N Is requested service at the lowest reasonable level of care meeting patient needs and CDC medical necessity standards, i.e. consultation, therapy, outpatient?

Explain:

COPY

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NAME : Gomez

NUMBER K37471

HOUSING C4-224L PBSP-LAB-001

PELICAN BAY STATE PRISON

HEALTH CARE SERVICES UNIT

NOTIFICATION TO PATIENT OF LABORATORY TEST RESULTS

TEST DATES: 5-23-07

TYPE OF TEST:  
(circle test type)

BASIC BLOOD TESTS  
OTHER:

HEPATITIS SCREEN

X-RAY

EKG

YOUR TEST RESULTS WERE EVALUATED BY A PHYSICIAN AS FOLLOWS:

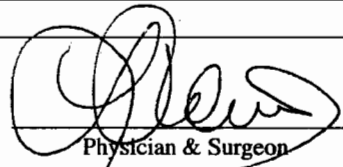
- ☐ Your test result is essentially within normal limits. No physician follow-up is required.
- ☐ Your test result remains unchanged and will be reviewed with you at your next Chronic Care Appointment.
- ☒ Your test result is not within normal limits. You will be scheduled to discuss the results with a physician.
- ☐ Your test result is not within normal limits. Further studies are required and have been scheduled for you. You will receive further information on this study at a later date.

sch CT abdomen  
sch 3-v abdomen

FU after  
Hospital  
D/C

PHYSICIAN REMARKS

1. HEALTH RECORD COPY
2. PATIENT COPY
3. PHYSICIAN COPY

  
Physician & Surgeon

5-30-07  
Date & Time

CONFIDENTIAL

NAME :

NUMBER

HOUSING

PBSP-LAB-001

COPY

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# EXHIBIT [E]

PLAINTIFF'S MEDICAL RECORDS  
SUTTER COAST HOSPITAL  
22 TOTAL PAGES.

**SUTTER OAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**EMERGENCY ROOM RECORD**

305-1

**DATE OF VISIT:** 05/23/2007

**CHIEF COMPLAINT:** A 30-year-old male brought in by correctional officers with chief complaint of right upper quadrant pain.

**HISTORY OF PRESENT ILLNESS:** He states he had a liver biopsy at Pelican Bay State Prison on Thursday, approximately 1 week ago. On 5/20 he began to have mild right upper quadrant pain; it has become persistently worse. He has had nausea, no vomiting; denies any fever. He denies any change in bowel or bladder habits. He states it is worse with inspiration, but no shortness of breath or cough. He states he has had appetite slightly diminished, but his last meal was not eaten today.

**REVIEW OF SYSTEMS:** As stated above, otherwise negative.

**PAST MEDICAL HISTORY:** Hepatitis C, GI disorder, GERD, joint pain.

**MEDICATIONS:** He states the infirmary initiated Nexium yesterday and he took it today as well. He takes no other medications on a regular basis.

**HABITS:** He denies tobacco dependency. No alcohol or illicit drug use.

**PHYSICAL EXAMINATION:**

**VITAL SIGNS:** Temperature 37.0, pulse 76, respirations 18, BP 130/66, and SaO2 of 100% in room air, and weight 170 pounds.

**GENERAL:** A well-developed, well-nourished male. He is alert, calm and cooperative.

**HEENT:** Voice resonant.

**CVS:** Regular rate and rhythm without murmur, gallops or rubs.

**LUNGS:** Clear to auscultation, no respiratory distress.

**ABDOMEN:** He has right upper quadrant tenderness to deep palpation with mild guarding. No peritoneal signs or palpable organomegaly or CVA tenderness. Bowel sounds are positive throughout.

**RECTAL:** Good sphincter tone. No palpable masses. Stool is brown, heme-negative.

**SKIN:** Slightly pale. He does have a very small incision site at the right anterior axillary line at approximately the twelfth rib level. No erythema, induration or fluctuation.

**EMERGENCY ROOM RECORD - Pg. 1**  
Gina Gastelum, P.A.

**NAME:** CDC, K37471  
**MR #:** 158375

**SUTTER JOAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**EMERGENCY ROOM RECORD**

**LABORATORY DATA:** His WBC is 7.4 and H&H of 13.4 and 41.0, platelets are 60,000. His amylase is 50, sodium 135, potassium 3.8, glucose 107, BUN and creatinine 15/1.1. His total bilirubin is 3.2. AST 329, ALT is 590. PT 13.1, and INR of 1.0 and a PTT of 26.9. Urinalysis random yellow, clear and within normal limits.

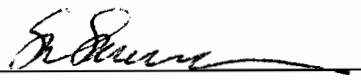
**HOSPITAL COURSE:** IV saline lock was placed. Hydration was initiated, a 500-mL normal saline bolus. I consulted with the supervising physician Dr. Saunders at that time, and she requested IV contrast CT of the abdomen and pelvis. In addition, a 3-view abdominal series was obtained. On the 3-view, there are no infiltrates. He has positive stool, no air-fluid levels, no obvious obstruction. CT as read by Nighthawk Radiology Services showed high-density material within the gallbladder. Given the history of a recent liver biopsy, hemorrhage within the biliary system is a likely consideration. The gallbladder was distended and the wall was mildly indistinct suggesting the possibility of acute cholecystitis. There were no gallstones seen, and no significant biliary dilatation. The remainder of the report is documented as within normal limits.

The patient had an episode of approximately 250 cc of frank bloody emesis. He was complaining of increased pain. IV Protonix 40 mg, IV Phenergan 12.5 mg and an additional liter of normal saline bolus was initiated. We notified the supervising physician in changing shift Dr. Nash, and she took over this case. Please refer to her notes.

**IMPRESSIONS:**

1. Upper gastrointestinal bleed status post liver biopsy.
2. Hepatitis C.

Gina Gastelum, P.A. 

Co-Signer 

D: 05/23/2007 11:01 PM T: 05/24/2007 08:42 AM JOB#: 01083609

**EMERGENCY ROOM RECORD - Pg. 2**  
Gina Gastelum, P.A.

**NAME:** CDC, K37471  
**MR #:** 158375

PAGE 2 OF 22

**SUTTER HAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**ER ADMISSION**

303-1

**DATE OF ADMIT:** 05/23/2007

**CHIEF COMPLAINT:** Right upper quadrant pain.

**HISTORY OF PRESENT ILLNESS:** The patient is a 30-year-old who reports that he is positive for hepatitis C and that he had a liver biopsy done a week ago for a change in his liver "numbers". The patient was initially seen by the PA and worked up for his right upper quadrant pain. One of the examinations that was done was CT scan with IV contrast which showed that the patient had high density material in the gallbladder consistent with hemorrhage in the biliary system. The gallbladder was distended mildly distinctly suggesting possibility of acute cholecystitis. No gallstones were seen. No biliary duct dilatation was seen. The spleen, kidneys, pancreas and adrenal glands were normal. The bowel was unremarkable. The appendix was normal. No free fluid was seen. On return from CT however, the patient reported that his pain was worsening and he vomited 250 mL of frank red blood. Guaiac exam on stool was negative. The patient reported that he had not vomited blood prior to this episode. He had been bothered by the right upper quadrant pain with radiation to his right shoulder and increased pain with deep inspiration however, he had not had any epigastric pain or substernal pain and had been eating without any difficulty apparently.

On my examination of the patient at that time, the patient had no epigastric pain. He did have right upper quadrant pain without guarding or rebound tenderness. He had normal bowel sounds and normal breath sounds. The puncture site for the biopsy was quite well healed. There was no surrounding redness, induration or bruising seen and no tenderness directly over that site. There was no chest wall tenderness to palpation.

Prior to my seeing him, the patient had IV Protonix, Phenergan, normal saline and Dilaudid. He reported that this was effective for his pain but that the pain was returning. I did discuss the patient with Dr. Schommer, who is willing to see the patient in consultation and do an EGD however, she requested that the patient be admitted to internal medicine because of the possibility of internal medicine because of the possibility of medical care required for his hepatitis C. Dr. Gurov was consulted and agrees to the admission.

**ER ADMISSION Pg. 1**  
Sylvia R. Nash, M.D.

**NAME:** CDC, K37471  
**MR #:** 158375

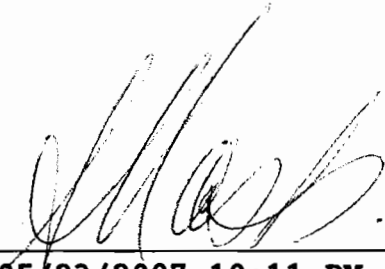
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800 EAST WASHINGTON BOULEVARD 95531

ER ADMISSION

FINAL DIAGNOSES:

1. Upper GI bleed.
2. Recent liver biopsy.
3. Hepatitis C.

Sylvia R. Nash, M.D. 

D: 05/23/2007 09:48 PM T: 05/23/2007 10:11 PM JOB#: 01073555

ER ADMISSION Pg. 2  
Sylvia R. Nash, M.D.

NAME: CDC, K37471  
MR #: 158375

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**SUTTER LAST HOSPITAL - CRESCENT C. Y, CA**  
**800 EAST WASHINGTON BOULEVARD 95531**

**HISTORY AND PHYSICAL**

**DATE OF ADMISSION:** 05/23/2007

**CHIEF COMPLAINT:** This is a 30-year-old male who has never been to the hospital before. This time patient comes because he had biopsy six days ago due to hepatitic C with increasing liver enzymes. After the biopsy the patient started having gradual right upper and lower quadrant pain radiating to the right scapular area into the back.

**HISTORY OF PRESENT ILLNESS:** Patient upon admission to the emergency room had one episode of hematemesis with a small amount of blood. He denies any fevers, any chills, no history of jaundice. No history of bleeding before, no hematuria, no urinary problems. Patient admits to having dark urine lately. No cough, fever or chills. No history of rashes or skin problems. No livedo. No neurological problems. No other symptoms. Patient has been completely healthy until recently and he states that he never had any problems before.

**PAST MEDICAL HISTORY:** Significant for hepatitis C diagnosed one year ago on routine blood test. Patient is completely asymptomatic otherwise. Also history of tuberculosis treated for six months, this was approximately ten years ago. Patient denies any history of diabetes, high blood pressure, kidney problems, lung problems, neurological problems, any depression and anxiety or other problems what so ever.

**PAST SURGICAL HISTORY:** Left hand plastic surgery.

**ALLERGIES:** Patient denies allergies to foods or medications.

**SOCIAL HISTORY:** Patient is an ex-smoker, stopped smoking three years ago. He is an ex-ETOH user, states that he was drinking heavily mainly straight alcohol but stopped about two years ago. Denies any IV drug use. He has a big tattoo on the chest and tattoos on both forelegs. Denies any blood transfusions in the past. No sexual contacts. He is completely unaware how he got the hepatitis C.

**CURRENT MEDICATIONS:** Patient is presently on Nexium 40 mg p.o. daily and ibuprofen for mild wrist pain which he has been taking on an on and off basis.

**HISTORY AND PHYSICAL - Pg. 1**  
Andrean A. Gurov, M.D.

**NAME:** CDC, K37471  
**MR #:** 158375

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**SUTTER EAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**HISTORY AND PHYSICAL**

**PHYSICAL EXAMINATION:**

**VITAL SIGNS:**

**GENERAL:** Patient is alert, oriented, not in distress, answers questions appropriately.

**NEUROLOGIC:** Pupils equal, reactive to light. Cranial nerves intact. Strength and sensation normal in all extremities. Reflexes present and symmetrical bilaterally. No neurological deficits noted.

**HEAD AND NECK:** Normal exam, no signs of trauma. Moist mucous membranes. No sore throat. No lymphadenopathy. No thyromegaly. No masses palpable in the neck. No pulsations appreciated.

**PULMONARY:** Good air entry bilaterally. No wheezes, no rales.

**CARDIOVASCULAR:** Regular rhythm and rate, no murmurs, gallops, JVD or bruit.

**ABDOMEN:** Soft abdomen. There is tenderness on palpation in the right upper quadrant. Murphy sign is slightly positive. Bowel sounds are present. No organomegaly appreciated. No masses palpable in the abdomen.

**EXTREMITIES:** Normal passive range of motion. Extremities warm to touch. Pulses palpable. No edema noted.

**SKIN:** Normal exam, no rashes, no lesions, no jaundice, no scleral icterus. No stigmata of liver disease present.

**LABORATORY DATA:** WBC count 7.4, H&H 13.4 and 41, platelets 160. Three hours later the hemoglobin was 12 and hematocrit 36. Sodium 135, potassium 3.8, chloride 101, bicarb 29, BUN 15, creatinine 1.1, glucose 107. Total protein 7.5, albumin 4, total bilirubin 3.2, alkaline phosphatase 130, AST 329, ALT 590. INR 1. Urinalysis negative for urinary tract infection. Abdominal CAT scan with contrast shows hemorrhage within the biliary system, acute cholecystitis with mild obscuring of the gallbladder wall. Pancreas, liver, kidneys and spleen appear normal. Amylase level 50.

**ASSESSMENT AND PLAN:**

1. Upper GI bleed, one episode, small amount of blood. Patient is asymptomatic and hemodynamically stable. Vital signs; blood pressure 130/66, pulse 76, respirations 18, temperature 37, saturating 100% on room air. Will start IV fluids. Will give PPI and will start patient on Zosyn to cover cholecystitis. At this point patient is not septic, he is stable. Minimally symptomatic. Dr. Schommer was called. She will do an EGD on the patient tomorrow. Will keep patient n.p.o. at midnight. We will admit to telemetry for monitoring. We will follow CBC every four to six hours. We will consider blood transfusion if necessary. We will follow the electrolytes as well.

**HISTORY AND PHYSICAL - Pg. 2**  
Andrean A. Gurov, M.D.

**NAME:** CDC, K37471  
**MR #:** 158375

cholecystitis: inflammation of the gall bladder.

septic: of, relating to, or causing ~~put~~ putrefaction 2: produced by putrefaction or by disease germs

**SUTTER HOSPITAL - CRESCENT CITY, CA**  
**800 EAST WASHINGTON BOULEVARD 95531**

**HISTORY AND PHYSICAL**

2. Hepatitis C status post liver biopsy six days ago, showing grade 2, Stage 0-I changes in the liver with complications. Most likely hemorrhagic cholecystitis as per the CAT scan of the abdomen. Patient was told he was not a candidate for any treatment of the hepatitis C, unaware of the viral serology at this point.

Patient will be full code status. Expected length of stay 1-2 days.

Andrean A. Gurov, M.D. 

**D: 05/23/2007 10:59 PM T: 05/24/2007 05:23 AM JOB#: 01093574**

**HISTORY AND PHYSICAL - Pg. 3**  
Andrean A. Gurov, M.D.

**NAME: CDC, K37471**  
**MR #: 158375**

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05/28/2007 08:00

Cumulative Report

Sutter Coast Hospital  
800 East Washington, Crescent City, CA 95531  
Erik Burman, M.D., Medical Director

Name: CDC,K37471

Loc: MED Room: 116-02

MR #: 158375

Pt Phone:707-465-1000

Dr : GUROV, ANDREAN A

Acct: 13982830

DOB : 01/26/1977 30Y/M

Admit Date: 05/23/2007

Discharge Date: 05/25/2007

----- MICROBIOLOGY - MISCELLANEOUS TESTING -----

CLO Test

Acc. No.: H253472

Collection Date/Time: 05/24/2007 1425

Status: Final 05/25/2007

Receipt Date/Time: 05/24/2007 1543

Specimen Description: Biopsy

Special Requests: None

Ordering Dr: GUROV, ANDREAN A

CLO Test: 1. Neg

Medical Records - FINAL SUMMARY

CDC,K37471

CONTINUED

Page 1

158375

Loc/Rm: MED/116-02

Medical Records - FINAL SUMMARY

PG. 8 OF 22



05/28/2007 08:00

Cumulative Report

**Sutter Coast Hospital**  
 800 East Washington, Crescent City, CA 95531  
 Erik Burman, M.D., Medical Director

Name: CDC,K37471

Loc: MED Room: 116-02

MR #: 158375

Pt Phone: 707-465-1000

Dr : GUROV, ANDREAN A

Acct: 13982830

DOB : 01/26/1977 30Y/M

Admit Date: 05/23/2007

Discharge Date: 05/25/2007

## ----- GENERAL CHEMISTRY -----

DATE:	[-----05/25/07-----] 05/24/07 05/23/07					
TIME:	0515	0515	0600	1731	UNITS	REF RANGE
Sodium	137		137	135 L	mmol/L	136-145
Potassium	4.0		4.1	3.8	mmol/L	3.5-5.1
Chloride	102		103	101	mmol/L	98-107
CO2	28		29	29	mmol/L	21-32
Anion Gap	10.9		9.6	8.8	mmol/L	6-16
Glucose	123 H		94	107 H	mg/dL	70-100
BUN	11		12	15	mg/dL	7-18.0
Creatinine	1.0		1.0	1.1	mg/dL	0.6-1.3
Calcium	7.9 L		8.1 L	8.6	mg/dL	8.5-10.1
Total Protein		5.9 L	6.0 L	7.5	g/dL	6.4-8.2
Albumin		3.0 L	3.1 L	4.0	g/dL	3.4-5.0
Alkaline Phosphatase		108	107	130	U/L	50-136
AST		136 H	204 H	329 H	U/L	15-37
ALT		366 H	429 H	590 H	U/L	30-65
Bilirubin, Total		4.7 H	3.3 H	3.2 H	mg/dL	<1.00
Bilirubin, Direct		3.8 H	2.5 H		mg/dL	00-0.30
Amylase	41			50	U/L	25-115

## Medical Records - FINAL SUMMARY

CDC,K37471

CONTINUED

Page 2

158375

Loc/Rm: MED/116-02

Medical Records - FINAL SUMMARY

PG. 9 OF 22

05/28/2007 08:00

Cumulative Report

Sutter Coast Hospital  
800 East Washington, Crescent City, CA 95531  
Erik Burman, M.D., Medical Director

Name: CDC,K37471

Loc: MED Room: 116-02

MR #: 158375

Pt Phone:707-465-1000

Dr : GUROV, ANDREAN A

Acct: 13982830

DOB : 01/26/1977 30Y/M

Admit Date: 05/23/2007

Discharge Date: 05/25/2007

## ----- HEMATOLOGY -----

DATE:	05/25/07	05/24/07		
TIME:	0515	1000	UNITS	REF RANGE
WBC Count	14.8 H		K/uL	4.0-11.0
RBC Count	3.44 L		M/uL	4.50-6.20
Hemoglobin	9.9 L	11.3 L	g/dL	13.5-18.0
Hematocrit	30.3 L	34.3 L	%	40.0-53.0
MCV	88		fL	80-100
MCH	28.9		pg	27.0-33.0
MCHC	32.8		g/dL	32.0-36.0
RDW	12.5		%	11.5-15.0
Platelet Count	124 L		K/uL	150-400
Diff Type	Automated			
Neutrophils	90 H		%	49-74
Lymphocytes	3 L		%	26-46
Monocytes	7		%	0-12
Eosinophils	0		%	0-5
Basophils	0		%	0-2
Neutrophils, Absolute	13.3 H		K/uL	2.0-8.0
Lymphocytes, Absolute	0.5 L		K/uL	1.0-5.1
Monocytes, Absolute	1.0 H		K/uL	0.0-0.95
Eosinophils, Absolute	0.0		K/uL	0.0-0.6
Basophils, Absolute	0.0		K/uL	0.0-0.2

## ----- HEMATOLOGY -----

DATE:	[-----05/24/07-----]			
TIME:	0615	0219	UNITS	REF RANGE
Hemoglobin	11.4 L	12.4 L	g/dL	13.5-18.0
Hematocrit	34.6 L	37.0 L	%	40.0-53.0

## Medical Records - FINAL SUMMARY

CDC,K37471

CONTINUED

Page 3

158375

Loc/Rm: MED/116-02

Medical Records - FINAL SUMMARY

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05/28/2007 08:00

Cumulative Report

Sutter Coast Hospital  
800 East Washington, Crescent City, CA 95531  
Erik Burman, M.D., Medical Director

Name: CDC,K37471 Loc: MED Room: 116-02  
MR #: 158375 Pt Phone:707-465-1000 Dr : GUROV, ANDREAN A  
Acct: 13982830  
DOB : 01/26/1977 30Y/M Admit Date: 05/23/2007  
Discharge Date: 05/25/2007

----- HEMATOLOGY -----

DATE:	[-----05/23/07-----]			
TIME:	2119	1731	UNITS	REF RANGE
WBC Count		7.4	K/uL	4.0-11.0
RBC Count		4.72	M/uL	4.50-6.20
Hemoglobin	12.1 L	13.4 L	g/dL	13.5-18.0
Hematocrit	36.1 L	41.0	%	40.0-53.0
MCV		87	fL	80-100
MCH		28.5	pg	27.0-33.0
MCHC		32.8	g/dL	32.0-36.0
RDW		12.1	%	11.5-15.0
Platelet Count		160	K/uL	150-400
Diff Type	Automated			
Neutrophils		76 H	%	49-74
Lymphocytes		15 L	%	26-46
Monocytes		7	%	0-12
Eosinophils		1	%	0-5
Basophils		1	%	0-2
Neutrophils, Absolute		5.6	K/uL	2.0-8.0
Lymphocytes, Absolute		1.1	K/uL	1.0-5.1
Monocytes, Absolute		0.5	K/uL	0.0-0.95
Eosinophils, Absolute		0.1	K/uL	0.0-0.6
Basophils, Absolute		0.0	K/uL	0.0-0.2

----- HEMOSTASIS - COAGULATION -----

DATE:	05/23/07		
TIME:	1731	UNITS	REF RANGE
PTT	26.9	sec	23.2-40.3
PT	13.1	sec	11.9-14.7
INR	1.0	Calc.	0.9-1.1
	INR1		
	INR2		
	INR3		

<< RESULTS CONTINUED ON NEXT PAGE >>

---FOOTNOTES---  
INR1 INR : 0.81-1.19  
INR2 Prophylaxis and treatment of venous  
INR3 thrombosis . . . . . INR 2.0-3.0

05/28/2007 08:00

Cumulative Report

Sutter Coast Hospital  
800 East Washington, Crescent City, CA 95531  
Erik Burman, M.D., Medical Director

Name: CDC,K37471 Loc: MED Room: 116-02  
MR #: 158375 Pt Phone:707-465-1000 Dr : GUROV, ANDREAN A  
Acct: 13982830  
DOB : 01/26/1977 30Y/M Admit Date: 05/23/2007  
Discharge Date: 05/25/2007

----- HEMOSTASIS - COAGULATION -----

DATE:	05/23/07		
TIME:	1731	UNITS	REF RANGE
INR	(cont)		
	INR4		
	SPACE		
	INR5		
	INR6		

---FOOTNOTES---

INR4 Mechanical Prosthetic Valves . INR 2.5-3.5  
INR5 INR values are only valid for patients on  
INR6 stable oral anticoagulants.

05/28/2007 08:00

Cumulative Report

Sutter Coast Hospital  
800 East Washington, Crescent City, CA 95531  
Erik Burman, M.D., Medical Director

Name: CDC,K37471

Loc: MED

Room: 116-02

MR #: 158375

Pt Phone:707-465-1000

Dr : GUROV, ANDREAN A

Acct: 13982830

DOB : 01/26/1977 30Y/M

Admit Date: 05/23/2007

Discharge Date: 05/25/2007

## ----- URINALYSIS -----

DATE:	05/23/07		
TIME:	2126	UNITS	REF RANGE
Collection Type	Random		
Color	Dark yellow		
Appearance	Clear		
Specific Gravity	1.010		1.001-1.035
Urine pH	6.5		5.0-7.0
Leukocyte Esterase	Neg		NEG
Nitrite	Neg		NEG
Protein	Neg		NEG
Glucose	Neg		NEG
Ketones	3+ *		NEG
Urobilinogen	4 H	EU/dL	0.1-1.0
Bilirubin	Pos *		NEG
Blood	Neg		NEG
Comments:	(a)		

## ---FOOTNOTES---

(a) No microscopic done, not indicated

## Medical Records - FINAL SUMMARY

CDC,K37471

CONTINUED

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158375

Loc/Rm: MED/116-02

Medical Records - FINAL SUMMARY

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05/28/2007 08:00

Cumulative Report

**Sutter Coast Hospital**  
 800 East Washington, Crescent City, CA 95531  
 Erik Burman, M.D., Medical Director

Name: CDC,K37471

Loc: MED

Room: 116-02

MR #: 158375

Pt Phone: 707-465-1000

Dr : GUROV, ANDREAN A

Acct: 13982830

DOB : 01/26/1977 30Y/M

Admit Date: 05/23/2007

Discharge Date: 05/25/2007

----- TRANSFUSION SERVICES -----

05/23/07

1731 Serology Type &amp; Scre

Sero ABO	O
Sero Rh	Pos
Sero Antibody Scrn	Neg

05/23/07

1731 Serology Unit 1

Unit No.	3622469
Unit Type	PRBC
Unit Result	Compatible
Unit Blood Type	O POS
Unit Exp. Date	06 21 07

05/23/07

1731 Serology Unit 2

Unit No.	9610913
Unit Type	PRBC
Unit Result	Compatible
Unit Blood Type	O POS
Unit Exp. Date	06 28 07

05/23/07

1731 Serology Unit 3

Unit No.	9963311
Unit Type	PRBC
Unit Result	Compatible
Unit Blood Type	O POS
Unit Exp. Date	06 28 07

05/23/07

1731 Serology Unit 4

Unit No.	9610911
Unit Type	PRBC
Unit Result	Compatible
Unit Blood Type	O POS
Unit Exp. Date	06 28 07

## Medical Records - FINAL SUMMARY

CDC,K37471

CONTINUED

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158375

Loc/Rm: MED/116-02

Medical Records - FINAL SUMMARY

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**SUTTER COAST HOSPITAL**

Department of Diagnostic Imaging  
800 East Washington Blvd  
Crescent City, CA 95531

**CDC, K37471**

MRN: 15-83-75  
DOB: 01/26/1977  
Age/Sex: 30Y M

Ordering MD: SAUNDERS, SANDRA  
Referring MD:  
Attending MD: SAUNDERS, SANDRA  
Admitting MD:

---

<u>Study Date</u>	<u>Accession #</u>	<u>CPT Code</u>	<u>Procedure</u>
05/23/2007	COC0703567	74160	CT ABDOMEN W CONTRAST 74
05/23/2007	COC0703568	72193	CT PELVIS W CONTRAST 721
<hr/>			
<u>Reason for Study</u>	R LOWER QUAD ABDOMIN PAIN IV CONTRAST ONLY		
	R LOWER QUAD ABDOMIN PAIN IV CONTRAST ONLY		

---

**\*\*\* FINAL REPORT \*\*\***

CT ABDOMEN WITH CONTRAST, 05/23/07

INDICATION: Right lower quadrant pain. Further history, the patient has had a recent liver biopsy.

FINDINGS: The patient has mild prominence of the intrahepatic biliary tree and some subtle increased density is seen in various locations in the gallbladder. This could represent blood in the gallbladder. The common bile duct is not dilated. The gallbladder is not thickened and no pericholecystic fluid identified. No ascites. I do not see evidence of bleeding into the liver proper nor in surrounding soft tissues as might be expected. The exact date of the liver biopsy is not indicated. There are no gallstones.

Both kidneys have a normal appearance. The pancreas, adrenal glands, and spleen appear normal as does the aorta. There is no bulky adenopathy.

CONCLUSION: Nonspecific changes in the gallbladder suggesting possible bleeding, mild prominence in the intrahepatic biliary tree. These two findings may represent bleeding into the biliary tree. No liver hemorrhage. Otherwise, unremarkable exam.

CT PELVIS WITH CONTRAST

FINDINGS: Fluid is seen throughout the small bowel without distention. The colon appears normal. There is no free air or free fluid. Urinary bladder appears normal. Prostate appears normal.

CONCLUSION: No obvious acute process.

Printed - 05/24/2007 1054

(Page 1 of 1. Continued on next page)

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**SUTTER COAST HOSPITAL**

Department of Diagnostic Imaging  
800 East Washington Blvd  
Crescent City, CA 95531

**CDC, K37471**

MRN: 15-83-75  
DOB: 01/26/1977  
Age/Sex: 30Y M

Ordering MD: SAUNDERS, SANDRA  
Referring MD:  
Attending MD: SAUNDERS, SANDRA  
Admitting MD:

---

<u>Study Date</u>	<u>Accession #</u>	<u>CPT Code</u>	<u>Procedure</u>
05/23/2007	COR0709276	74022	XR ABDOMEN COMPLETE WITH
<u>Reason for Study</u> RIGHT LOWER ABDOMINAL PAIN			

---

**\*\*\* FINAL REPORT \*\*\***

THREE-VIEW ACUTE ABDOMEN SERIES, 05/23/07

INDICATION: Abdominal pain.

FINDINGS: Frontal chest view demonstrates lungs to be clear and heart size normal. No free air beneath the diaphragms.

Abdomen supine and erect demonstrates scattered colon gas in a normal pattern. No obstruction or definite calculi. Renal shadows and bony structures are grossly unremarkable, partly obscured by overlying bowel contents.

IMPRESSION: Negative chest and abdomen.

Electronically Signed by: 00125 David Burton  
Signed on: 05/24/2007 08:12:52

Printed - 05/24/2007 1054

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**SUTTER COAST HOSPITAL**

Department of Diagnostic Imaging  
800 East Washington Blvd  
Crescent City, CA 95531

**CDC, K37471**

MRN: 15-83-75  
DOB: 01/26/1977  
Age/Sex: 30Y M

Ordering MD: SAUNDERS, SANDRA  
Referring MD:  
Attending MD: SAUNDERS, SANDRA  
Admitting MD:

---

<u>Study Date</u>	<u>Accession #</u>	<u>CPT Code</u>	<u>Procedure</u>
05/23/2007	COC0703567	74160	CT ABDOMEN W CONTRAST 74
05/23/2007	COC0703568	72193	CT PELVIS W CONTRAST 721

<u>Reason for Study</u>	
R LOWER QUAD ABDOMIN PAIN IV CONTRAST ONLY	
R LOWER QUAD ABDOMIN PAIN IV CONTRAST ONLY	

---

**\*\*\* FINAL REPORT \*\*\***

Electronically Signed by: 00125 David Burton  
Signed on: 05/24/2007 08:34:13

Printed - 05/24/2007 1054

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**SUTTER COAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**OPERATIVE REPORT**

**DATE OF OPERATION:** 05/24/2007

**SURGEON:** Susan Schommer, M.D.

**ASSISTANT:** Operating room personnel.

**PREOPERATIVE DIAGNOSIS:** Hematemesis, rule out upper gastrointestinal bleeding.

**POSTOPERATIVE DIAGNOSIS:** Normal esophagus, stomach, and duodenum; bleeding appearing to be coming from the biliary ducts and/or liver.

**OPERATIVE PROCEDURE:** Video esophagogastroduodenoscopy with CLO test.

**ANESTHESIA:** 3 mg of intravenous Versed and 75 mcg of intravenous fentanyl.

**COMPLICATIONS:** None.

**ESTIMATED BLOOD LOSS:** None.

**DRAINS:** None.

**TRANSFUSIONS:** None.

**SPECIMENS:** CLO test sent to the lab.

**FINDINGS:** Esophagus normal. Stomach normal. Duodenum normal. Old blood seen in the stomach but no active bleeding from the stomach. Fresh blood seen in the duodenum but no ulcers or duodenitis or active bleeding from the duodenum itself. Given the fact that the patient had a liver biopsy last week, I presume that the fresh blood in the duodenum is coming from the papilla of Vater.

**INDICATIONS FOR PROCEDURE:** This 30-year-old male inmate at Pelican Bay had a liver biopsy last week due to the fact that he has hepatitis C with a change in liver function tests. The patient presented to the emergency room yesterday with right upper quadrant pain. A CT scan of the abdomen revealed blood in the gallbladder and

**OPERATIVE REPORT - Pg. 1**  
Susan Schommer, M.D.

**NAME:** CDC K37471  
**MR #:** 158375

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**SUTTER COAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**OPERATIVE REPORT**

mildly dilated biliary ducts. The common bile duct was within normal limits in size. There was no evidence of cholecystitis. The gallbladder wall was not thickened and there was no fluid around the gallbladder. The patient's white blood cell count was normal. After presenting to the emergency room, the patient had one episode of hematemesis. Dr. Gurov therefore consulted me to do EGD to rule out an upper GI source of the hematemesis. All risks and benefits of the procedure with possible need for CLO test and/or biopsies were explained and informed consent was obtained. The use of intravenous sedation was also explained to the patient. Informed consent was obtained.

**DESCRIPTION OF PROCEDURE:** The patient was taken to the endoscopy suite and the back of his throat was anesthetized with gargle and spray. He was placed in the left lateral decubitus position and given a total of 3 mg of intravenous Versed and 75 mcg of intravenous fentanyl which were given slowly and intermittently during the procedure. The patient swallowed the flexible video gastroscope without difficulty and it was advanced through the esophagus and into the stomach. The esophagus was totally normal. Upon entering the stomach, old blood was noted. There was no active bleeding noted in the stomach. There was no ulcer or gastritis in the stomach. The pylorus was identified and was entered without difficulty. Upon entering the duodenum, a small amount of fresh red blood was encountered. The duodenum was visualized very carefully. There was no evidence of duodenitis and there were no duodenal abnormalities noted. The papilla of Vater was noted and there was no blood seen actually coming out of the papilla of Vater but it was difficult to see the exit point of the papilla due to the fact that a gastroscope with a side port is usually needed for visualizing this well. The duodenum was very well visualized and there was no active bleeding noted in the duodenum. There were no duodenal abnormalities noted. The endoscope was removed back into the stomach and mucosa was taken for CLO test. The endoscope was retroflexed to view the EG junction. Again, the old blood was noted but there were no other abnormalities noted. Most of the old blood was suctioned free from the stomach. The endoscope was removed slowly through the esophagus and, again, no esophageal abnormalities were noted. The endoscope was removed. The patient tolerated the procedure well and there were no complications.

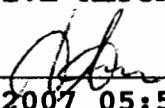
The patient was transferred back to the intensive care unit in stable condition.

**OPERATIVE REPORT - Pg. 2**  
Susan Schommer, M.D.

**NAME:** CDC K37471  
**MR #:** 158375

**SUTTER COAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**OPERATIVE REPORT**

Susan Schommer, M.D. 

**D: 05/24/2007 02:40 PM T: 05/25/2007 05:56 PM JOB#: 01093611**

CC: Andrean A. Gurov M.D.

**OPERATIVE REPORT - Pg. 3**  
Susan Schommer, M.D.

**NAME: CDC K37471**  
**MR #: 158375**

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**SUTTER COAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**DISCHARGE SUMMARY**

**ADMISSION DATE:** 05/23/2007

**DISCHARGE DATE:** 05/25/2007

**DIAGNOSES AT TIME OF TRANSFER:**

1. Intrahepatic bleed secondary to recent \_\_\_\_\_ liver biopsy.
2. History of hepatitis C, positive status.
3. Recent elevated liver function studies.
4. Anemia of blood loss.
5. Right upper quadrant abdominal pain.
6. Leukocytosis.
7. Remote history of tuberculosis treated for 6 months.
8. Malnutrition.

**PROCEDURES:**

1. CT scan of the abdomen and pelvis performed on 05/23/2007, and only showed slight dilatation of the biliary tree and intrahepatic ducts consistent with possible bleeding.
2. Upper endoscopy which was performed by Dr. Schommer on 05/24/2007, demonstrating dark red blood in the stomach area, but active bleeding from the ampulla of Vater refluxing up into the stomach rather than an actual gastric bleed.

**CONSULTATIONS:** Susan Schommer, MD, General Surgery consulted on 05/23/2007.

**COMPLICATIONS:** None.

**HOSPITAL COURSE:** The prisoner is a 30-year-old male inmate of Pelican Bay State Prison with diagnosed hepatitis C recently noted to have elevated liver function studies, so approximately 1 week ago, he was brought into ~~Sutter Coast~~ <sup>Delele</sup> Hospital for an outpatient liver biopsy done under CT guidance. Subsequent to that time, he was returned to the prison, and began to complain of right upper quadrant pain and had episode of hematemesis. He was returned to the emergency room and admitted for acute upper GI bleed.

The patient was then started on proton pump inhibitor drugs IV and maintained n.p.o. status. He did not require any blood transfusions.

Initial hematocrit was 37%. The day following his admission, he underwent upper endoscopy with the findings noted above of active blood pooling at the base of the ampulla of Vater with apparent bleeding from the ampulla of Vater and CT scan suggestive of intrahepatic bleed. The patient received IV Zosyn for possibility of

**DISCHARGE SUMMARY - Pg. 1**  
Donald Micheletti, M.D.

**NAME:** CDC, K37471  
**MR #:** 158375

Pg. 21 of 22

Leukocytosis: an increase in the number of leukocytes in the circulating blood.

Anemia: a condition in which the blood is deficient in red blood cells, in ~~which~~ hemoglobin, or in total volume and which is usually marked by pale skin, shortness of breath, and irregular heart action 2. lack of vitality [Greek anemia "bloodlessness" from a- + haima "blood"]

**SUTTER COAST HOSPITAL - CRESCENT CITY, CA  
800 EAST WASHINGTON BOULEVARD 95531**

**DISCHARGE SUMMARY**

cholangitis, but has been relatively stable from a hemodynamic standpoint. His white blood cell count on the day of transfer has risen slightly to 14,800 with 90% segs, 3% lymphocytes, and 7% monocytes. He is, however, stable for transfer at this time.

**MEDICATIONS AT TIME OF TRANSFER:**

1. Protonix 40 mg IV daily.
2. Zosyn 3.375 g IV q.6 h.

**DIET:** NPO.

**ACTIVITY:** Bedrest.

**FOLLOWUP:** Follow up will be with Dr. Williams at Pelican Bay State Prison on return to Crescent City. The patient may be returned to our service for Crescent City Internal Medicine if hospital to hospital transfer needs to occur.

**CONDITION AT TIME OF DISCHARGE:**

**VITAL SIGNS:** Temperature 37.2, pulse 80, respirations 18, blood pressure 140.80, room air saturations are 99%. He is in no acute distress.

**LUNGS:** Clear to auscultation, percussion.

**CARDIOVASCULAR EXAM:** Shows a regular rate and rhythm, normal S1, S2, no indication of murmur, thrill, or rub.

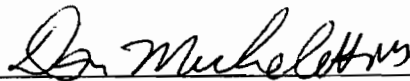
**ABDOMEN:** Soft, mildly tender to palpation in the right upper quadrant, normoactive bowel sounds are appreciated.

**EXTREMITIES:** No cyanosis, clubbing, or edema.

**ACCESSORY DATA:** CBC shows a white blood cell count of 14,800, 90% segs, 3% lymphocytes, 7% monocytes, hemoglobin 9.9, hematocrit 30.3%, platelet count is low at 124,000. Albumin is 3.0, total bilirubin is 4.7, direct bilirubin is 3.8, alkaline phosphatase 108, AST 136, and ALT 366.

**DISPOSITION:** Will be to Dr. Hobart Harris who agrees to accept in transfer to UCSF. The patient will go by air ambulance.

Donald Micheletti, M.D.



D: 05/25/2007 01:50 PM T: 05/25/2007 05:07 PM JOB#: 01093658

**DISCHARGE SUMMARY - Pg. 2**  
Donald Micheletti, M.D.

**NAME:** CDC, K37471  
**MR #:** 158375

Pg. 22 OF 22



# EXHIBIT [F]

PLAINTIFF'S 602 APPEAL FORM  
EXHAUSTION OF ADMINISTRATIVE REMEDIES.  
12 PAGES TOTAL.

STATE OF CALIFORNIA  
DEPARTMENT OF CORRECTIONS AND REHABILITATION  
INMATE APPEALS BRANCH  
P. O. BOX 942883  
SACRAMENTO, CA 94283-0001

**DIRECTOR'S LEVEL APPEAL DECISION**

Date: **NOV 14 2007**

In re: Pedro Gomez, K37471  
Pelican Bay State Prison  
P.O. Box 7000  
Crescent City, CA 95531-7000

IAB Case No.: 0705655

Local Log No.: PBSP-07-01281

This matter was reviewed on behalf of the Director of the California Department of Corrections and Rehabilitation (CDCR) by Appeals Examiner R. Pimentel, Facility Captain. All submitted documentation and supporting arguments of the parties have been considered.

**I APPELLANT'S ARGUMENT:** It is the appellant's position that numerous Pelican Bay State Prison (PBSP) staff members violated his Constitutional rights and used unnecessary and excessive force upon his person. The appellant contends that he was in severe pain and made numerous requests for medical treatment, but was ignored. The appellant asserts that when medical staff finally examined him they claimed that there was nothing wrong and the custody staff then used unnecessary force upon his person. The appellant contends that the medical staff did not believe that he was in pain until he began to cough up blood. The appellant asserts that he was transported to University of California at San Francisco Medical Center and his gall bladder was removed. The appellant requests that all of the involved PBSP staff members be reprimanded and that he be monetarily compensated.

**II SECOND LEVEL'S DECISION:** The reviewer found that the appellant has not been subjected to misconduct on the part of named staff. The reviewer affirms that appropriate supervisory staff have been assigned to conduct an inquiry into this matter. Correctional Lieutenant J. Pedroso reviewed the submitted material and interviewed the involved parties. Based upon developed information, it was determined that the allegation of staff misconduct was NOT SUSTAINED. In order to determine the facts, the inquiry arising from this appeal included his interview; interview of department employees; and review of current policies, laws, and procedures. Additional research may have included interviews of other inmate's or review of the appellant's central file. The Second Level of Review (SLR) denied the appeal.

**III DIRECTOR'S LEVEL DECISION:** Appeal is denied.

**A. FINDINGS:** Upon review of the documentation submitted, it is determined that the appellant's allegations have been reviewed and evaluated by administrative staff and an inquiry has been completed at the SLR. In the event that staff misconduct was substantiated, the institution would take the appropriate course of action. The Director's Level of Review (DLR) notes that in this case the reviewer determined that the appellant's allegations were NOT SUSTAINED. All staff personnel matters are confidential in nature and not privy to the inquiries of other staff, the general public or the inmate population, and would not be released to the appellant. In this case, the institution has reported the disposition to the appellant. Although the appellant has the right to submit an appeal as a staff complaint, the request for administrative action regarding staff or the placement of documentation in a staff member's personnel file is beyond the scope of the appeals process. Therefore no relief is provided at the DLR.

**B. BASIS FOR THE DECISION:**

California Penal Code Section: 832.7, 832.8

California Code of Regulations, Title 15, Section: 3000, 3001, 3004, 3268, 3391

Administrative Bulletin 98/10: PROCESSING OF INMATE/PAROLEE APPEALS, CDC FORMS 602, WHICH ALLEGE STAFF MISCONDUCT

**C. ORDER:** No changes or modifications are required by the Institution.

PEDRO GOMEZ, K37471  
CASE NO. 0705655  
PAGE 2

This decision exhausts the administrative remedy available to the appellant within CDCR.

A handwritten signature in black ink, appearing to be 'N. Grannis', written over a horizontal line.

N. GRANNIS, Chief  
Inmate Appeals Branch

cc: Warden, PBSP  
Appeals Coordinator, PBSP

PELICAN BAY STATE PRISON
SECOND LEVEL REVIEW

DATE: JUL 19 2007

Inmate GOMEZ, K-37471  
Pelican Bay State Prison  
Facility C, Security Housing Unit  
Building 4, Cell 224

RE: WARDEN'S LEVEL DECISION  
APPEAL LOG NO. PBSP-C-07-01281

APPEAL: PARTIALLY GRANTED  
ISSUE: STAFF COMPLAINT

This matter was reviewed by ROBERT A. HOREL, Warden, at Pelican Bay State Prison (PBSP). Correctional Lieutenant J. Pedroso interviewed the inmate during a Fact-Finding investigation on June 1, 2007.

#### ISSUES

Inmate Gomez requests an investigation be conducted into his complaint and to have adverse action taken against several staff. He also seeks financial compensation.

#### FINDINGS

##### I

On May 19, 2007, the inmate claims he informed an unidentified Second Watch Control Booth Officer that he was experiencing pain as a result of a recent liver biopsy and needed to see a doctor, but no one responded. On May 20, 2007, the inmate informed an unidentified Second Watch Floor Officer that he needed to see a doctor, but still nobody came.

On May 21, 2007, as the inmate's pain increased he informed Correctional Officer T. Shipley that he needed to see a doctor. Shortly thereafter, the inmate inquired again with Officer Shipley and was told that medical staff was contacted, but he would contact them again. After several hours passed, other inmates called out for help as Gomez was no longer able to do so. Medical staff soon responded. Meanwhile, an inmate assigned to the adjacent cell stated to Officer R. McNamara, "Why don't you press your alarm? What are you waiting for?" Officer McNamara told the inmate to "sit his ass down," or that he would issue him a disciplinary for attempting to incite a riot. The inmate claims to have lost consciousness at this time. He was later transported to the Correctional Treatment Center prior to being returned to his cell.

On May 22, 2007, as the inmate continued to endure severe pain he again notified Officer Shipley that he needed to see a doctor after which Registered Nurse L. Bree responded to his cell, checked his vital signs and placed him on a doctor's list to be seen the following day. However, later that day he had to be escorted to the medical clinic by Officers R. Mills and D. Quam where he was approached by an unidentified Registered Nurse, who checked his vital signs and stated, "You know Gomez, it seems to me that you only complain about pain after dinner," and refused to provide the inmate with any additional treatment. Officer Mills proceeded to tell the inmate to get up. At which time, the inmate informed him that he was still trying to get some medical attention. Officer Mills then asked the Registered Nurse whether he was done with the inmate, who responded that he was. Officer Mills then tightly grabbed the inmate's arm and ordered him to get up as he had an

Supplement Page 2  
GOMEZ, K-37471  
Appeal # PBSP-C-07-01281

emergency to tend to, at which time the inmate stated that his situation was an emergency. Officer Mills then tightly grabbed both of the inmate's arms and requested the assistance of Officer Quam. Officer Mills and Quam then yanked the inmate from the chair and threw him to the ground. He was then repeatedly punched in the back and dragged out of the clinic. Two unidentified Registered Nurses were in the immediate vicinity, but neither intervened. Once the inmate regained his strength he began walking voluntarily. Upon entering his assigned housing unit, Correctional Sergeant D. Strain approached him while being escorted by Officers Mills and Quam, but neither Officer relayed any information to the Sergeant about the force they had used.

On May 23, 2007, the inmate again complained about pain and Registered Nurse Bree again checked his vital signs. Later that same day, other inmates again called out for help. Soon thereafter, the inmate was escorted to the medical clinic where he encountered Sergeant Strain and informed him of the force used the previous evening by Officers Mills and Quam. Registered Nurse Bree then documented the alleged injuries prior to the inmate being transported to Sutter Coast Hospital for further medical treatment relative to the biopsy. Meanwhile, unidentified Correctional staff remained suspicious of the inmate's alleged pain and stated, "If he runs, shoot him." The inmate proceeded to wait to be seen by a doctor during which time he felt nauseous and began vomiting blood. He was then admitted to the hospital.

The following day the inmate began pleading for pain medication, but was ignored by both custodial and medical staff. Later that day he was informed that his gall bladder needed to be removed and was flown to the University of California, San Francisco. However, blood transfusions had to be performed before the surgery could be conducted due to internal bleeding being caused by the liver biopsy.

## II

This complaint was assigned to a Use of Force Fact Finder for investigation. The Fact Finder interviewed the inmate and staff concerning the allegations. The Fact Finder completed a report concerning the allegations, the results of the investigation, and an explanation of how the conclusion was reached.

### DETERMINATION OF ISSUE

All submitted documentation and supporting arguments have been considered. Additionally, a thorough review has been conducted into the claim presented by the inmate and evaluated in accordance with PBSP's institutional procedures and departmental policies.

Based upon review of the completed report, the finding of these allegations is NOT SUSTAINED. However, an investigation was conducted into the inmate's complaint; therefore, the APPEAL IS PARTIALLY GRANTED. Furthermore, financial compensation is not within the scope of the appeals process.


Additionally, the California Code of Regulations, Title 15, Section 3084.2 (a) (1), allows a limit of one continuation page, front and back, to be attached to the appeal to describe the problem and action requested in Sections A and B of the form. The inmate is advised that the nine pages attached to further describe Section A are excessive and no additional pages shall be attached to the appeal.



Supplement Page 3  
GOMEZ, K-37471  
Appeal # PBSP-C-07-01281

MODIFICATION ORDER

No modification of this decision is required.

  
ROBERT A. HOREL  
Warden

BDS #60 7-16-07

PBSP APPEAL LOG # PBSP-C-07-01281

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

## RIGHTS AND RESPONSIBILITY STATEMENT / INFORMATION ADVISORY

### STAFF COMPLAINT /-PEACE OFFICER

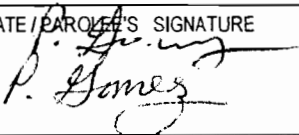

Please read, and sign this form in front of a staff witness.

**Any inmate wishing to file a staff complaint must read and sign the following statement. As this is sworn testimony, this form must be signed in front of the staff member conducting the investigation into the complaint. Failure to sign this form in front of a staff member will be considered refusal to cooperate with the appeal process and the appeal will be cancelled.**

You have the right to make a complaint against a Peace Officer for any improper conduct. California law requires and this agency has a procedure to investigate inmate's complaints. You have the right to a written description of this procedure. This agency may find after investigation that there is not enough evidence to warrant action on your complaint; even if that is the case, you have the right to make a complaint and have it investigated if you believe an Peace Officer behaved improperly. This complaint and any report of findings relating to complaints must be retained by this agency for at least 5 years.

It is against the law to make a complaint that you know to be false. If you make a complaint against an officer knowing that it is false, you can be prosecuted. In addition, an inmate who makes a complaint against a departmental peace officer, knowing it is false may be issued a serious disciplinary rule violation in addition to criminal prosecution.

I certify or declare under penalty of perjury under the laws of the state of California that the information contained within the attached appeal form CDC 602, dated 6/3/07 is true and correct, under penalty of perjury, and I swear under oath under penalty of perjury that the aforementioned information is true and correct, executed this 12 day of AUG. 2007, at Pelican Bay State Prison in Crescent City, California.

INMATE / PAROLEE PRINTED NAME <u>GOMEZ, PEDRO</u>	INMATE / PAROLEE'S SIGNATURE 	CDC NUMBER <u>K37471</u>
RECEIVING STAFF'S PRINTED NAME <u>R. Parker, CCI</u>	RECEIVING STAFF'S SIGNATURE 	DATE SIGNED <u>8/14/07</u>

**PERMANENT ATTACHMENT TO CDC FORM 602 / DO NOT REMOVE**

## PELICAN BAY STATE PRISON

SECURITY HOUSING UNIT  
INMATE/PAROLEE

PBSP

APPEAL FORM UNIT C-4

CDC 602 (12/87)

Log No.

C07-01281

Category

7/5

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME GOMEZ, PEDRO	NUMBER K37471	ASSIGNMENT	UNIT/ROOM NUMBER C4-224
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A. Describe Problem: SEE ATTACHED SHEETS.

If you need more space, attach one additional sheet.

B. Action Requested: THAT MEDICAL STAFF, CORRECTIONAL OFFICERS, SUTTER COAST MEDICAL STAFF, AND ANYONE ELSE INVOLVED AND/OR MENTIONED IN THIS 602 BE REPRIMANDED, FOR THEIR UNJUST NEGLIGENT ACTIONS THAT RESULTED IN APPELLANT'S PAIN AND SUFFERING, AND EXCESSIVE USE OF FORCE AS MENTIONED IN THIS 602. THAT DR. SOGGE BE REMOVED FROM HIS POSITION. THAT THE ALLEGATIONS TO THIS 602 BE INVESTIGATED, AND THAT I BE COMPENSATED FOR MY PAIN AND SUFFERING AND PSYCHOLOGICAL DISTRESS, MENTAL ANGUISH. MY EIGHTH AMMENDMENT WAS ALSO VIOLATED.

Inmate/Parolee Signature: Pedro Gomez Date Submitted: 06/03/07

C. INFORMAL LEVEL (Date Received: \_\_\_\_\_)

Staff Response: \_\_\_\_\_

**BYPASS**

RECEIVED  
AUG 21 2007  
INMATE APPEALS  
BRANCH

Staff Signature: \_\_\_\_\_ Date Returned to Inmate: \_\_\_\_\_

## D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

**BYPASS**

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim

JUN 04 2007

JUN 04 2007

JUN 08 2007

2ND APPEALS

JUN 08 2007

XX TO CDW



First Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other \_\_\_\_\_

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: \_\_\_\_\_ Due Date: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

**BYPASS**

Staff Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Division Head Approved: \_\_\_\_\_ Returned \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date to Inmate: \_\_\_\_\_

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

**BYPASS**

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Second Level ☐ Granted ☒ P. Granted ☐ Denied ☐ Other \_\_\_\_\_G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 6-8-07 Due Date: 7-23-07☒ See Attached LetterSignature: B. Lamy, CCH Date Completed: 7-16-07Warden/Superintendent Signature: [Signature] Date Returned to Inmate: 8-6-07

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

DISSATISFIED. THE ABOVE MENTIONED MEDICAL STAFF, CORRECTIONAL OFFICERS AND SUTTER COAST MEDICAL STAFF WERE NEGLIGENT AND DELIBERATELY INDIFFERENT TO MY SERIOUS MEDICAL NEEDS (NEAR DEATH SITUATION) AND VIOLATED MY STATE AND FEDERAL RIGHTS. MOREOVER, C/O MILLS AND QUAM USED UNNECESSARY AND EXCESSIVE FORCE ON ME, VIOLATING MY STATE AND FEDERAL RIGHTS. I REITERATE IN ITS ENTIRETY.

Signature: Pedro Gomez Date Submitted: 08/12/07

For the Director's Review, submit all documents to: Director of Corrections  
P.O. Box 942883  
Sacramento, CA 94283-0001  
Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other \_\_\_\_\_☒ See Attached Letter

CDC 602 (12/87)

Date: NOV 14 2007

PELICAN BAY STATE PRISON

SECURITY HOUSING UNIT

UNIT C-4

C4 - 224

ON THURSDAY MAY 17TH OF THE PRESENT YEAR, I WAS SCHEDULED FOR A "LIVER BIOPSY" IN THE CLINICAL TREATMENT CENTER (CTC) HERE AT PBS. THAT MORNING AT 6:15 OR SO I WAS ESCORTED TO THE CLINIC. I WAS TOLD I'D GET MY VITAL SIGNS TAKEN FIRST TO MAKE SURE ALL WAS NORMAL AND GOOD TO PROCEED. THERE ~~WERE~~ WERE OTHER PRISONERS THERE FOR "LIVER BIOPSY'S AS WELL. WHEN IT WAS MY TURN FOR THE VITAL SIGNS, IT WAS ~~RY ANE~~ <sup>RY ANE</sup> ~~JOHN~~ DOE (AN OVER WEIGHT LADY, 200+ LBS) WHO TOOK MY VITAL SIGNS. I ASKED HER IF EVERYTHING WAS OKAY WITH ME AND SHE RESPONDED, "PERFECT." MINUTES LATER I WAS TOLD TO TAKE MY SHIRT OFF. I WAS ESCORTED INTO A ROOM WHERE I WAS ASKED TO LAY IN A BED. THERE WAS A DIFFERENT R/N IN THAT ROOM, IT WAS <sup>ANE</sup> ~~JOHN~~ DOE (SHORT FEMALE LADY, ETHN.C; WHITE) WE GREETED EACH OTHER. SHE SAID NOT TO WORRY, THAT EVERYTHING WOULD BE ALL RIGHT. WHEN THE OPERATING DOCTOR WALKED IN (DR SOGGE) WE EXCHANGED SALUTATIONS. DR SOGGE THEN ASKED ME TO RAISE MY HANDS ALL THE WAY UP ABOVE MY HEAD SO THAT HE COULD SEE MY FULL BODY STRETCHED FROM WAIST AND ABOVE. DR SOGGE THEN SAID TO TAKE SOME DEEP BREATHS, SO I DID. I THEN FELT SOME SHARP TAPS (FROM HIS FINGERS) ON THE RIGHT SIDE OF MY RIB-CAGE. DR SOGGE USED HIS PEN TO IDENTIFY WITH INK TWO SEPARATE PARTS OF MY BODY. THE TWO MARKS WERE WITHIN INCHES APART FROM ONE ANOTHER. DR SOGGE STARTED PUTTING SOME COVERS OVER MY BODY. THE COVERS HAD A HOLE WHERE THE PROCEDURE WAS GOING TO TAKE PLACE. DR SOGGE THEN TURNED AND GRABBED A GIGANTIC NEEDLE (SYRANGE) HE THEN TOLD ME TO TAKE SOME DEEP BREATHS. I TOOK A DEEP BREATH, DR. SOGGE SAID TO EX-HALE. HE SAID TO TAKE ANOTHER DEEP BREATH AND IN THE PROCESS OF ME IN-HALING I FELT

PAGE 1 OF 9



PELICAN BAY STATE PRISON  
 SECURITY HOUSING UNIT  
 UNIT C-4

AN IMMEDIATE SHARP PAIN TOWARDS THE INSIDE OF MY BODY, LIKE DEEP INSIDE THE CENTER OF MY CHEST. AT THAT POINT I COULDN'T BREATHE NORMAL ANYMORE. DR SUGGE SAID THAT WAS WITHIN NORMAL EXPECTATIONS. I WAS ROLLED INTO A DIFFERENT ROOM WHERE TWO OFFICERS WOULD WATCH OVER ME FOR THE NEXT TWO HOURS. DURING THOSE TWO HOURS OF WAITING, THE R/N WADDELL WOULD COME EVERY 15 MINUTES TO TAKE MY TEMPERATURE. I TOLD HER I COULDN'T BREATHE NORMAL BECAUSE I'D GET A PINCHING PAIN ON MY LOWER RIGHT SIDE OF MY STOMACH AND THE PAIN ON MY CHEST. SHE SAID THAT IT WAS OKAY, THAT IT WAS NORMAL AND IT WOULD GO AWAY. THE C/O'S KEEPING GUARD, WATCHING OVER ME WERE ~~40 GERSOPE~~<sup>GEROSPE</sup> (AN EX-MTA) AND THE OTHER 40 JOHN DOE (WHITE, OLDER MALE, WORE THICK GLASSES).

WHEN THE TWO HOURS ELAPSED, I WAS ABLE TO BREATHE A LITTLE BETTER. I WAS STILL IN PAIN BUT, R/N WADDELL SAID THAT IT WAS OKAY, IT WAS NORMAL AND IT WOULD GO AWAY. R/N WADDELL SAID THAT IF I HAD ANY PROBLEMS WITH MY HEALTH DUE TO THE BIOPSY, TO LET THE OFFICERS KNOW IN MY BLOCK. I WAS THEN ESCORTED BACK TO MY CELL.

ON (FRI.) MAY 18TH

I HAD TROUBLE SLEEPING. I FELT A LITTLE PAIN. I WOULD COME ON AND OFF. I DIDN'T SAY ANYTHING BECAUSE I COULD STILL HEAR THEIR REASSURING VOICES IN THE BACK OF MY HEAD, "THAT IT WAS NORMAL AND THAT IT WOULD GO AWAY."

ON (SAT.) MAY 19TH

I WOKE UP EARLY, 5:00 AM. OR SO. I FELT PAIN ON MY CHEST AREA. IT WOULD COME AND GO IN SPORADIC MOMENTS. LATER ON DURING 2ND WATCH

PELICAN BAY STATE PRISON  
SECURITY HOUSING UNIT  
UNIT C-4

I TOLD THE OFFICER (CONTROL) TO CALL THE DOCTOR AND LET THEM KNOW I WAS GOING THROUGH PAIN AND I HAD JUST GET A "LIVER BIOPSY ON THE 17TH. NO ONE CAME TO SEE ME. I WENT THROUGH THE SPORADIC PAINS ALL DAY AND NIGHT. % JOHN DOE (CONTROL OFFICER).

ON (SUN) MAY 20TH

I AWAKE EARLY IN THE MORNING, ABOUT 4:00 OR 5:00 AM THE PAIN WAS STRONGER. I STARTED GETTING MORE WORRIED BECAUSE WHAT WAS ONCE SPORADIC, BECAME MORE FREQUENT AND THE PAIN MORE SEVERE. I STARTED FEELING LIGHT HEADED AND THE SHORTNESS IN MY BREATHS. DURING 2ND WATCH I TOLD THE FLOOR OFFICER (DON'T KNOW HIS NAME, HE WASN'T A REGULAR) % JOHN DOE TO CALL THE DOCTOR FOR ME. I TOLD'EM I HAD A "LIVER BIOPSY" ON THE 17TH AND BEEN HAVING PROBLEMS EVER SINCE. I DIDN'T SEE A DOCTOR THAT DAY EITHER.

ON (MON) MAY 21ST.

THE PAINS JUST INCREASED. I STARTED GOING THROUGH SOME EXTREMELY EXCRUCIATINGLY PAINFUL SITUATIONS. I TOLD % SHIPPLEY (OUR TOWER OFFICER) THAT I NEEDED TO SEE THE DOCTOR BECAUSE THE PAIN WAS KILLING ME. I TOLD'EM I HAD GOT A "LIVER BIOPSY" ON THE 17TH SO THAT HE COULD RELATE ALL THIS TO THE MEDICAL STAFF. TIME PASSED AND I ASKED % SHIPPLEY, "WHAT HAPPEN TO THE DOCTOR?" THE % SHIPPLEY SAID, "I TOLD THEM ALREADY." I SAID, "I NEED TO SEE THE DOCTOR NOW!! I'M IN PAIN!" THE OFFICER SAID HE'D CALL ONCE AGAIN. HOURS PASSED .... DURING 3RD WATCH AT ABOUT 5:30 PM. AFTER DINNER I GOT SO BAD FROM THE PAIN. I HAD TO LAY THERE IN MY BED HOLDING MY STOMACH AND CHEST, JUST RUBBING IT, HOPING IT WOULD GO AWAY. THE PRISONERS IN MY SECTION HAD TO CALL FOR HELP FOR ME. I JUST COULDN'T DO IT.

PELICAN BAY STATE PRISON  
SECURITY HOUSING UNIT  
UNIT C-4

I JUST <sup>LAY</sup>~~LAYED~~ IN BED WAITING FOR MEDICAL HELP TO ARRIVE. THE FIRST PERSON TO ARRIVE WAS % JONES. I WAS TALKING TO HIM LAYING ON MY BED. I TOLD HIM I HAD A "LIVER BIOPSY" ON THE 17TH AND BEEN HAVING PROBLEMS EVER SINCE. % JONES SAID HE WAS GOING TO SEE IF HE COULD GET THE "MTA" TO COME OVER. A FEW MINUTES LATER % JONES AND % MC NAMARA ARRIVED AT THE FRONT OF MY CELL. % MC NAMARA STARTED ASKING ME QUESTIONS. I TOLD HIM PRACTICALLY THE SAME THING I HAD TOLD % JONES. I HAD A "LIVER BIOPSY" ON THE 17TH AND I JUST BEEN HAVING A BUNCH OF PAIN AFTER THAT. I TOLD HIM I FELT LIKE PASSING OUT, THAT I COULDN'T BREATHE. % MC NAMARA STARTED ARGUING WITH THE CONTROL OFFICER JOHN DOE (DON'T HAVE HIS NAME AT THE TIME) BECAUSE THE CONTROL OFFICER COULDN'T GET THE SGT. OVER HERE. THE CONTROL OFFICER WAS SAYING THAT THE SGT WAS REFUSING TO COME OVER HERE. % MC NAMARA YELLED AT THE CONTROL OFFICER OUT OF FRUSTRATION, AND TOLD HIM TO PUSH HIS ALARM IF HE HAD TO, BUT THE SGT NEEDED TO GET HIS ASS OVER HERE. THE MTA ARRIVED. IT WAS ~~JOHN~~<sup>JANE</sup> DOE (FEMALE, SHORT 5'4, CURLY HAIR, AFRICAN AMERICAN) SHE STARTED ASKING ME QUESTIONS. % MC NAMARA HAD ALREADY BRIEFED HER. SHE ASKED ME IF I COULD GET UP AND GO TO THE DOOR. I COULDN'T TALK DUE TO PAIN. SHE ASKED WHERE WAS THE PAIN AND TO WHAT LEVEL WAS IT, ONE THROUGH FIVE, FIVE BEING THE WORST. I STARTED MAKING HUGE CIRCLES WITH MY (RT) HAND INDICATING THAT THE PAIN WAS EVERYWHERE FROM WAIST AND ABOVE. THE ONLY THING I TOLD HER, WAS, "I HAD A LIVER BIOPSY ON THE 17TH." I DIDN'T HEAR THE LADY'S VOICE ANYMORE. ALL I HEARD

PELICAN BAY STATE PRISON  
SECURITY HOUSING UNIT  
UNIT C-4

WAS MY NEIGHBOR MR VILLINES #K99130 C4-223  
SAY "WHY DON'T YOU PRESS YOUR ALARM, WHAT ARE YOU WAITING  
FOR?" % MC NAMARA TOLD'EM TO SIT HIS ASS ~~DOWN~~ ~~DOWN~~  
~~DOWN~~ DOWN OR ELSE HE'D WRITE HIM UP FOR ENCTING  
A RIOT. I LOST CONSCIOUS AFTER THAT. I AWOKE  
TO OFFICER'S CUFFING MY HANDS ON MY BACK. THE SGT'S WHO  
RESPONDED TO THE ATTENDANCE WERE SGT. STRAIN AND SGT. ~~JOHN~~  
JOHN DOE (WHITE MALE, OVERWEIGHT, ABOUT 250 LBS) SGT JOHN DOE  
HAD MY CELL SEARCHED BECAUSE HE THOUGHT I WAS ON DRUGS  
AND DIDN'T HAVE A MEDICAL PROBLEM. % MILLS WAS ALSO  
PRESENT WHEN I WAS UNCONSCIOUS. I WAS TAKEN TO  
PBSPS CTC. ~~THE~~ THE LADY R/N TOOK MY VITAL SIGNS  
PRIOR TO ME ARRIVING TO THE CTC. THAT WAS THE LADY  
PREVIOUSLY MENTIONED. AT THE CTC I SEEN A DIFFERENT  
R/N. THIS ONE R/N JOHN DOE (SKINNY, ABOUT 5'7, 150 LBS, WHITE  
MALE, HE'S AN OLDER MAN) PUT THE EKG CABLES ON ME,  
TOOK MY VITAL SIGNS, HE GAVE ME SOME PILLS TO TAKE  
AND A LIQUID TO DRINK. HE SAID, THAT WOULD MAKE ME  
FEEL BETTER. I TOLD HIM I HAD A LIVER BIOPSY ON  
THE 17TH AND HAD PROBLEMS EVER SINCE. I SAID I WANTED  
SOME EXAMS TO BE MADE. THE R/N SAID HE WAS TALKING  
TO DR WILLIAMS ON THE PHONE. R/N JOHN DOE SAID THEY'LL  
SEE WHAT THEY DO FOR ME. A COUPLE HOURS LATER

I WAS SENT BACK WITH

THIS PRESCRIPTION. →

ON (TUE) MAY 22ND

SEVERE PAIN

CONTINUED. I TOLD

2ND WATCH CONTROL

OFFICER % SHIPPLEY TO CALL THE DOCTOR FOR ME.

R/N BREE'S CAME OVER AND TOOK MY VITAL SIGNS. SHE  
SAID MY PRESSURE WAS A LITTLE HIGH. I TOLD HER

PELICAN BAY STATE PRISON 5905 LAKE ERL DR. CRESCENT CITY, CA 95532 (707)465-1000  
CAUTION: FEDERAL LAW PROHIBITS THE TRANSFER OF THIS DRUG TO ANY PERSON  
OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

GOMEZ, PEDRO CDC Number: K37471 C4 U224-L  
Prescriber: SHERYL SKINNER, FNP RX#: 113692 RPH: pbchs  
NDC: 00186502054 Dispensed: 05/31/07 mfg: ASTRAZENECA LP  
NEXIUM 20MG CAPSULE DOSES: 15 X 2CAPS  
TAKE 2 CAPSULE DR BY MOUTH DAILY EVERY DAY V/O PER DR  
WILLIAMS  
Order Start date: 05/31/2007 Order Stop date: 11/20/2007  
Refill Start date:



I HAD A LIVER BIOPSY ON THE 17TH AND I'VE BEEN HAVING PAIN EVER SINCE. I TOLD HER I WANTED SOME EXAMS TO BE MADE AND I WANTED TO SEE THE DOCTOR. SHE SAID I'D BE PUT ON THE DOCTOR'S LIST FOR THE FOLLOWING DAY. I INSISTED THAT IT'S BEEN DAYS I'VE HAD THE PAIN. I WAS SENT BACK TO MY CELL.

THIS SAME DAY (5/22/07) AFTER DINNER I WAS ESCORTED BY C/O MILLS AND C/O QUAM TO THE C & D FACILITY SHU MEDICAL OFFICE. I SAT STRADDLING A CHAIR. THE R/N JOHN DOE (WHITE MALE, 5'6, STOCKY BUILT) TOOK MY VITAL SIGNS. THE R/N THEN SAID WITH A SMIRK ON HIS FACE "YOU KNOW, GOMEZ, IT SEEMS TO ME THAT YOU ONLY COMPLAIN ABOUT PAIN AFTER DINNER." I TOLD HIM THAT WASN'T TRUE, THAT I HAD COMPLAINED AT ALL TIMES. I REQUESTED TO SEE A DOCTOR BECAUSE OF MY PAIN AND SHORTNESS OF BREATH. I SAID I HAD A BIOPSY (LIVER) AND WANTED SOME EXAMS. R/N JOHN DOE REFUSED TO PROVIDE ME MEDICAL TREATMENT. THE C/O OFFICER MILLS WAS TELLING ME TO GET UP. I TOLD HIM I WAS HAVING A LITTLE TROUBLE AND I WAS TRYING TO GET SOME MEDICAL ATTENTION. C/O MILL ASKED R/N JOHN DOE "ARE YOU DONE?" THE RESPONSE WAS "YES WE'RE DONE." C/O MILLS THEN GRABBED MY ARM WITH TIGHT GRIP AND SAID, "COME ON GOMEZ WE HAVE AN EMERGENCY TO ATTEND TO." I SAID, "WHAT ARE YOU TALKING ABOUT? THIS IS AN EMERGENCY! MY HEALTH'S IN DANGER." I TOLD C/O MILLS I WAS HAVING TROUBLE BREATHING AND I HAD STARTED GETTING PAIN. C/O MILLS GRABS ME TIGHTER WITH BOTH HANDS AND TELLS C/O QUAM TO GRAB ME. C/O MILLS AND C/O QUAM THEN YANKED ME FROM THE CHAIR AND THREW ME TO THE GROUND. I FELT SOME PUNCHES ON MY BACK, (LOWER PART OR MID SECTION) I WAS DRAGGED ALMOST ALL THE WAY TO THE DOOR OUT OF THERE



PELICAN BAY STATE PRISON  
SECURITY HOUSING UNIT  
UNIT C-4

THAT I'LL BE FOR ABOUT 15 FT. OR SO. WHEN I WAS BEING DRAGGED I SEEN THE R/N ~~JOHN~~ <sup>SANE</sup> DOE (FEMALE, 5'4, CURLY HAIR, AFRICAN AMER.) THAT I HAD JUST SEEN THE PREVIOUS DAY. I SEEN HER, SHE WAS IN THE ROOM NEXT TO WHERE I WAS IN. NEITHER ONE OF THE R/N'S TRIED TO INTERVENE WHILE I WAS BEING ASSAULTED (WITH THE EXCESSIVE FORCE). WHEN I GAINED A LITTLE STRENGTH, I STARTED WALKING VOLUNTARILY. BEFORE ENTERING THE BLOCK (4-BLOCK) THE SGT. STRAIN CAUGHT UP TO US. NEITHER OF THE 4 OFFICERS MILLS & QUAM RELATED THE EXCESSIVE FORCE TO HIM. I WAS PLACED BACK IN MY CELL.

ON (WED.) MAY 23<sup>RD</sup>

COMPLAINED ABOUT MY PAIN AGAIN. MY VITAL SIGNS WERE TAKEN BY <sup>R/N</sup> BREE'S. I TOLD 'ER ONCE AGAIN HOW BAD I WAS FEELING. I WAS TOLD I'D SEE THE DOCTOR THE FOLLOWING DAY. I HAD ALREADY TURNED IN TWO SICK-CALL SLIPS (7362 FORMS). THAT SAME DAY AT ABOUT 1:20 PM. THE PRISONER'S IN MY SECTION CALLED THE CONTROL OFFICER <sup>4</sup>JOHN DOE (DON'T KNOW THE NAME AT THIS TIME) AND TOLD HIM I NEEDED MEDICAL ATTENTION. AT ABOUT 1:30 PM I WAS ESCORTED TO THE CLINIC AGAIN. MY VITAL SIGNS WERE TAKEN A FEW TIMES. I FINALLY SEEN DR. LINDA ROWE. I TOLD 'ER ABOUT MY LIVER BIOPSY AND THE PAIN I'D BEEN GOING THROUGH. SHE ARRANGED FOR ME TO GO DOWN TO CTC ONLY AFTER I HAD ALREADY TOLD SGT STRAIN THAT HIS OFFICER'S HAD ASSAULTED ME THE PREVIOUS DAY. SGT STRAIN AND THE MEDICAL STAFF MENTIONED PREVIOUSLY, THOUGHT I'D BEEN FAKING MY PAIN. SGT. STRAIN ASKED ME IF I REALLY HAD PAIN. I SAID, "OF COURSE I HAVE PAIN, OF COURSE I'M SERIOUS!" I TOLD HIM, YOUR OFFICER'S (<sup>4</sup>MILLS & QUAM) JUST DRAGGED ME AND ASSAULTED ME HERE LAST NIGHT! WHY WOULD I BE FAKING MY PAIN? SGT STRAIN WAS SURPRISED BECAUSE HE DIDN'T KNOW ABOUT THE EXCESSIVE FORCE THAT WAS USED AGAINST ME. HE HAD R/N BREE'S

PELICAN BAY STATE PRISON  
 SECURITY HOUSING UNIT  
 UNIT C-4

LOG DOWN MY INJURIES FROM THE EXCESSIVE FORCE, ONLY THE VISIBLE ONE'S (KNEE SCRAPER ~~AND~~ 'RIGHT' AND RIGHT ARM BRUISED UP). AT ABOUT 3:00 PM I WAS ESCORTED TO THE PRISONS ETC. P/N JOSE (DON'T KNOW HIS LAST NAME) TOOK MY VITAL SIGNS AND ORDERED AN AMBULANCE FOR ME. AMBULANCE PERSONEL MR. HUNJ AND HIS PARTNER JOHN DOE DROVE ME TO "SUTTER COAST" HOSPITAL. C/O GAPHART, C/O JOHN DOE (OLDER, WHITE MALE, 6'2, ABOUT 200 LBS) AND SGT JOHN DOE (~~WHITE~~ <sup>WHITE</sup> MALE, 5'10, 250 LBS ROUND FACE, SAME SGT. THAT REFUSED TO ATTEND THE EMERGENCY ON 05/21/07) WERE GUARDING ME AT THE HOSPITAL. WE HAD TO WAIT IN THE HALLWAY BECAUSE THERE WASN'T ANY ROOM. THE SGT JOHN DOE ASKED ME IF I WAS REALLY SICK OR IF I JUST USED IT AS AN EXCUSE TO TRY TO ESCAPE. I SAID I WAS REALLY SICK. SGT JOHN DOE SAID TO HIS C/O OFFICERS, "IF HE RUNS, SHOOT HIM." HE (SGT) SAID THEIR BODIES WEREN'T MADE FOR RUNNING. WHEN I WAS FINALLY TAKEN TO A ROOM. I WAS PLACED ON A BED FOR WHAT SEEMED A LONG TIME. I COMPLAINED AND REQUESTED TO SEE THE DOCTOR. THE P/N ~~JOHN~~ <sup>SAGE</sup> DOE (THIN, WHITE FEMALE, IN HER 20'S, BLACK HAIR, 5'6 120 LBS) TOLD ME THE DOCTOR WAS BUSY TRYING TO SAVE OTHER LIVES. I WAS GOING THROUGH SEVERE PAIN AND WOULDN'T GET PAIN MEDICATION. I TOLD THE OFFICER'S ALSO C/O GAPHART AND C/O JOHN DOE (PREVIOUSLY MENTIONED). I TOLD'EM I FELT LIKE THROWING UP SO THEY GAVE ME A PLASTIC TRAY. AS SOON AS I GOT IT I STARTED THROWING UP BLOOD, PURE BLOOD. I COVERED THE WHOLE BOTTOM OF THE BUCKET TRAY. C/O GAPHART AND C/O JOHN DOE TOLD THE P/N JOHN DOE (PREVIOUSLY DESCRIBED) AND THEN THEY SAID THEY WERE CONVINCED THAT I WAS SICK. AFTER I VOMITED BLOOD I WAS FINALLY ADMITTED TO THE HOSPITAL. THE P/N JOHN DOE SAID I'D BE STAYING. I WAS PUT THROUGH X-RAYS AND THE CAT-SCAN. I RECEIVED PAIN MEDICATION AFTER THAT. I WAS UNCONSCIOUS, WHEN I WOKE UP DUE TO PAIN

PELICAN BAY STATE PRISON  
SECURITY HOUSING UNIT  
UNIT C-4

I WAS IN A DIFFERENT ~~ROOM~~ ROOM. IT MUST'VE BEEN THE FOLLOWING DAY BECAUSE 'LO CAPHART WAS GONE. IT WAS A NEW SET OF OFFICERS (TO WHOM I DON'T KNOW THEIR NAMES AT THIS TIME). THEY WERE OUTSIDE THE DOOR. THE DOOR HAD A WINDOW. I WAS PLEADING FOR PAIN MEDICATION, THEY'D JUST STARE AT ME. WHEN ~~THE~~ A LADY WALKED IN, I BELIEVE SHE'S AN RN <sup>SANE</sup> ~~JOHN~~ DOE (WHITE LADY, SHORT). I ASKED HER FOR PAIN MEDICATION AND TOLD HER I WAS IN A LOT OF PAIN. SHE JUST LOOKED AT ME, SHE DIDN'T SAY A WORD, SO THAT MADE ME BELIEVE I WAS PLACED INSIDE THAT ROOM SO I COULD DIE THERE. I ASKED HER WITH THE LITTLE STRENGTH THAT I HAD, "AM I GOING TO DIE HERE? IS THAT THE REASON I WAS BROUGHT HERE TO THIS ROOM, SO THAT I COULD DIE IN HERE?" THAT LADY DIDN'T SAY ANYTHING TO ME, SHE JUST STARED AT ME. I WAS HALF CONSCIOUS WHEN A LADY <sup>SANE</sup> ~~JOHN~~ DOE TOLD ME ABOUT THEM <sup>WANTING TO TAKE</sup> ~~THE~~ MY "GAL BLADDER" OUT. I LOST CONSCIOUSNESS UNTIL I WAS BEING PLACED IN AN AIRPLANE AND FLOWNTO UNIVER SITY OF CALIFORNIA SAN FRANCISCO (UCSF). I ARRIVED AT UCSF ON MAY 25TH (FRIDAY) AND IT WAS THERE THAT I WAS TOLD THAT I'D BEEN BLEEDING INSIDE SINCE MAY 17TH. A VEIN WAS CUT. DR. JOHN DOE (MALE, MIDDLE EASTERN ACCENT, DARK COMPLEXION) TOLD ME THERE WAS A PROBLEM. I HAD LOST TOO MUCH BLOOD. I NEEDED A BLOOD TRANSFUSION OR ELSE I WOULDN'T MAKE IT. UCSF STAFF TREATED ME LIKE A HUMAN BEING AND RETURNED MY LIVING HOPES. I GOT THE SURGERY DONE SUCCESSFULLY.

THE FOLLOWING PRISONER'S RIGHT'S WERE VIOLATED  
~~THE~~ MEDICAL STAFF, ~~THE~~ CORRECTIONAL OFFICERS, AND  
"SUTTER COAST HOSPITAL;" 15 CCR, § 3350 (a), (b), (1), (2), (3), (4),  
AND (5). § 3268. (2), (3) AND (b). § 3271. AND § 3268.1. (a) (1).

I LOOK FORWARD TO A PROMPT SOLUTION TO THIS MATTER.

[NOTE: APPELLANT HAD INTERNAL BLEEDING  
FROM 05-17-07 UP UNTIL 05-26-07. EIGHT  
COMPLETE DAYS AND INTO THE NINTH.]

PAGE 9 of 9

RESPECTFULLY:  
Pedro Gomez  
06-03-07

# EXHIBIT [G]

PLAINTIFF'S BOARD OF CONTROL CLAIM,  
CAL. VICTIM COMPENSATION AND GOVERNMENT CLAIMS BOARD.  
09 TOTAL PAGES.



STATE OF CALIFORNIA  
ARNOLD SCHWARZENEGGER, Governor

GOVERNMENT CLAIMS PROGRAM  
400 R Street, 5<sup>th</sup> Floor ♦ Sacramento, California 95811  
Mailing Address: P.O. Box 3035 ♦ Sacramento, California 95812  
Toll Free Telephone Number 1-800-955-0045 ♦ Fax Number: (916) 491-6443  
Internet: [www.vcgcb.ca.gov](http://www.vcgcb.ca.gov)

ROSARIO MARIN  
Secretary  
State and Consumer Services Agency  
Chairperson

JOHN CHIANG  
State Controller  
Board Member

MICHAEL A. RAMOS  
San Bernardino County District Attorney  
Board Member

KAREN McGAGIN  
Executive Officer

Pedro Gomez K37471  
PO Box 7500  
Crescent city, CA 95532

January 25, 2008

RE: Claim G571136 for Pedro Gomez, K37471

Dear Pedro Gomez,

The Victim Compensation and Government Claims Board rejected your claim at its hearing on January 17, 2008.

If you have questions about this matter, please mention letter reference 123 and claim number G571136 when you call or write your claim technician or analyst at (800) 955-0045.

Sincerely,

Laura Alarcón, Program Manager  
Government Claims Program  
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

**Warning**

Subject to certain exceptions, you have only six months from the date this notice was personally delivered or deposited in the mail to file a court action on this claim. See Government Code Section 945.6. You may seek the advice of an attorney of your choice in connection with this matter. If you desire to consult an attorney, you should do so immediately.

\*\*\*\*\*

It is not necessary or proper to include the Victims Compensation and Government Claims Board (Board) in your court action unless the Board was identified as a defendant in your original claim. Please consult Government Code section 955.4 regarding proper service of the summons.

Ltr 123 Claim Rejection





STATE OF CALIFORNIA  
ARNOLD SCHWARZENEGGER, Governor

GOVERNMENT CLAIMS PROGRAM  
400 R Street, 5<sup>th</sup> Floor ♦ Sacramento, California 95811  
Mailing Address: P.O. Box 3035 ♦ Sacramento, California 95812  
Toll Free Telephone Number 1-800-955-0045 ♦ Fax Number: (916) 491-6443  
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San Bernardino County District Attorney  
Board Member

KAREN MCGAGIN  
Executive Officer

Pedro Gomez K37471  
PO Box 7500  
Crescent city, CA 95532

December 05, 2007

RE: Claim G571136 for Pedro Gomez, K37471

Dear Pedro Gomez,

The Victim Compensation and Government Claims Board (VCGCB) received your claim on November 08, 2007.

Per your request, enclosed please find a copy of your claim.

PLEASE NOTE: The board will take no action on any further requests for copies of this claim.

Based on its review of your claim, Board staff believes that the court system is the appropriate means for resolution of these claims, because the issues presented are complex and outside the scope of analysis and interpretation typically undertaken by the Board. The claim has been placed on the consent agenda. The VCGCB will act on your claim at the January 17, 2008 hearing. You do not need to appear at this hearing. The VCGCB's rejection of your claim will allow you to initiate litigation should you wish to pursue this matter further.

If you have questions about this matter, please mention letter reference 99 and claim number G571136 when you call or write your claim technician/analyst at (800) 955-0045.

Sincerely,

Government Claims Program  
Victim Compensation and Government Claims Board

cc: B-23 Corrections and Rehabilitation, Attn: Donna Corbin

Ltr 99 Complex Issue Reject

<b>16</b>	Location of the incident: <u>PELICAN BAY STATE PRISON 5905 LAKE EARL DR. CRESCENT CITY, CA 95532 AND SUTTER COAST HOSPITAL 800 E. WASHINGTON BLVD. CRESCENT CITY, CA 95531-8359</u>
<b>17</b>	Describe the specific damage or injury:  <u>SEE ATTACHED STATEMENT, WITH TWO ADDITIONAL EXHIBITS. TOTAL OF NINE PAGES.</u>
<b>18</b>	Explain the circumstances that led to the damage or injury:  <u>MEDICAL MALPRACTICE, DELIBERATE INDIFFERENCE, NEGLIGENCE, USE OF UNNECESSARY EXCESSIVE FORCE. [SEE ATTACHED STATEMENT.]</u>
<b>19</b>	Explain why you believe the state is responsible for the damage or injury:  <u>I'M A PRISONER INCARCERATED AT PBSP AND I'M UNDER THE CUSTODY OF ALL PERSONS MENTIONED AND/OR THEIR MEDICAL HEALTH CARE SUPERVISION.</u>
<b>20</b>	Does the claim involve a state vehicle? <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span> If YES, provide the vehicle license number, if known:

**Auto Insurance Information**

<b>21</b>	Name of Insurance Carrier			
	Mailing Address	City	State	Zip
	Policy Number:	Tel:		
	Are you the registered owner of the vehicle? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
	If NO, state name of owner:			
	Has a claim been filed with your insurance carrier, or will it be filed? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
	Have you received any payment for this damage or injury? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>			
	If yes, what amount did you receive?			
	Amount of deductible, if any:			
	Claimant's Drivers License Number:	Vehicle License Number:		
	Make of Vehicle:	Model:	Year:	
	Vehicle ID Number:			

**Notice and Signature**

<b>22</b>	I declare under penalty of perjury under the laws of the State of California that all the information I have provided is true and correct to the best of my information and belief. I further understand that if I have provided information that is false, intentionally incomplete, or misleading I may be charged with a felony punishable by up to four years in state prison and/or a fine of up to \$10,000 (Penal Code section 72).	
	<u>Pedro Gomez</u>	<u>11/01/07</u>
	Signature of Claimant or Representative	Date

<b>23</b>	Mail the original and two copies of this form and all attachments with the \$25 filing fee or the "Filing Fee Waiver Request" to: Government Claims Program, P.O. Box 3035, Sacramento, CA, 95812-3035. Forms can also be delivered to the Victim Compensation and Government Claims Board, 630 K Street, Sacramento.
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**For State Agency Use Only**

<b>24</b>	Name of State Agency		Fund or Budget Act Appropriation No.	
	Name of Agency Budget Officer or Representative		Title	
	Signature		Date	

**Government Claims Form**

California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

RECEIVED

Victim Compensation and Government Claims Board

State of California

NOV 14 2007

Government Claims Div.

For Office Use Only  
Claim No.:

**Is your claim complete?**

- ☐ **New! Include a check or money order for \$25 payable to the State of California.**
- ☒ Complete all sections relating to this claim and sign the form. Please print or type all information.
- ☒ Attach receipts, bills, estimates or other documents that back up your claim.
- ☒ Include two copies of this form and all the attached documents with the original.

**Claimant Information**

<b>1</b>	GOMEZ	PEDRO	K37471	<b>2</b>	Tel:			
	Last name	First Name	MI	<b>3</b>	Email:			
<b>4</b>	P.O. BOX 7500		CRESCENT CITY	CA	95532			
	Mailing Address		City	State	Zip			
<b>5</b>	Best time and way to reach you:							
<b>6</b>	Is the claimant under 18?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, give date of birth:				
						MM	DD	YYYY

**Attorney or Representative Information**

<b>7</b>				<b>8</b>	Tel:			
	Last name	First Name	MI	<b>9</b>	Email:			
<b>10</b>								
	Mailing Address		City	State	Zip			
<b>11</b>	Relationship to claimant:							

**Claim Information**

<b>12</b>	Is your claim for a state-dated warrant (uncashed check) or unredeemed bond?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	State agency that issued the warrant:		If NO, continue to Step <b>13</b>
	Dollar amount of warrant:	Date of issue:	
			MM DD YYYY
	Proceed to Step <b>22</b>		
<b>13</b>	Date of Incident: MAY 17TH 2007 THROUGH MAY 25TH, 2007		
	Was the incident more than six months ago?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	If YES, did you attach a separate sheet with an explanation for the late filing?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>14</b>	State agencies or employees against whom this claim is filed:		
	DR. MERLE SOGGE ; DR. WILLIAMS ; DR. LINDA ROWE ; R/N WADDELL, S. ; R/N LORI BREE ; MTA JANE DOE ; R/N DAVID TIMME ; R/N JOHN DOE ; C/O MILLS ; C/O QUAM ; SGT. STRAIN ; AND SGT. JOHN DOE. % C/O ; DR. SANDERS ; DR. SCHOMMER ; DR. GURUV ; DR. MICHELETTI ; P.A. CASTELUM ; DR. NASH.		
<b>15</b>	Dollar amount of claim: TO BE DECIDED/DETERMINED IN COURT.		
	If the amount is more than \$10,000, indicate the type of civil case:		<input type="checkbox"/> Limited civil case (\$25,000 or less) <input checked="" type="checkbox"/> Non-limited civil case (over \$25,000)
	Explain how you calculated the amount:		



**AFFIDAVIT FOR WAIVER OF GOVERNMENT CLAIMS  
FILING FEE AND FINANCIAL INFORMATION FORM****(Request for Permission to Proceed In Forma Pauperis)**California Victim Compensation and Government Claims Board  
P.O. Box 3035  
Sacramento, CA 95812-3035

1-800-955-0045 • www.governmentclaims.ca.gov

State of California

For Office Use Only

Claim No.:

**I request a fee waiver so that I do not have to pay the \$25 fee to file a government claim with the Victim Compensation and Government Claims Board. I cannot pay any part of the fee.****Claimant Information**

<b>1</b>	GOMEZ	PEDRO	# K37471	<b>2</b>	Tel: <input type="text"/> - <input type="text"/> - <input type="text"/>
	Last name	First Name	MI		
<b>3</b>	Claim Number (if known): <input type="text"/>				

**Employment Information**

<b>4</b>	My occupation: <input type="text"/>			
	My employer: <input type="text"/>			
	Employer's Mailing Address	City	State	Zip
	My spouse's or partner's employer: <input type="text"/>			
	Employer's Mailing Address	City	State	Zip
<b>5</b>	If you are an inmate in a correctional facility, please attach a certified copy of your trust account balance, enter your inmate identification number below and skip to step <b>23</b> .			
	Inmate Identification Number:	K-37471		

**Financial Information**

<b>6</b>	I am receiving financial assistance from one or more of the following programs. <input type="checkbox"/> Yes <input type="checkbox"/> No			
	If no, proceed to step <b>7</b> . If yes, check all that apply, then skip to step <b>24</b> .			
	<input type="checkbox"/> SSI and SSP: Supplemental Security Income and State Supplemental Payments Programs			
	<input type="checkbox"/> CalWORKS: California Work Opportunity and Responsibility to Kids Act			
	<input type="checkbox"/> Food Stamps			
	<input type="checkbox"/> County Relief, General Relief (GR), or General Assistance (GA)			
<b>7</b>	Number in my household and my gross monthly household income, if it is the following amount or less:			
	Number	Monthly family income	Number	Monthly family income
	<b>A</b> <input type="checkbox"/> 1	\$969.79	<b>F</b> <input type="checkbox"/> 6	\$2,626.04
	<b>B</b> <input type="checkbox"/> 2	\$1,301.04	<b>G</b> <input type="checkbox"/> 7	\$2,957.29
	<b>C</b> <input type="checkbox"/> 3	\$1,632.29	<b>H</b> <input type="checkbox"/> 8	\$3,288.54
	<b>D</b> <input type="checkbox"/> 4	\$1,963.54	<b>I</b> <input type="checkbox"/>	There are more than 8 people in my family
	<b>E</b> <input type="checkbox"/> 5	\$2,294.79		Add \$331.25 for each additional person.
			Number:	<input type="text"/> Total Income: <input type="text"/>

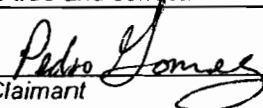
If you checked a box in step **7** A through I, complete steps **9** through **15**. Then skip to step **24**.

<b>8</b>	My income is not enough to pay for the common necessities of life for me and the people in my family, and also pay the filing fee. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, fill in steps <b>9</b> through <b>24</b> .	

**Monthly Income and Expenses**

<b>9</b>	My gross monthly pay is: \$	<b>10</b>	My income changes each month: <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>11</b>	Number of persons living in my home:		<b>12</b>	Other money I get each month	
	Name	Age	Relationship	Monthly Income	Source:
	<b>A</b>			\$	<b>A</b>
	<b>B</b>			\$	<b>B</b>
	<b>C</b>			\$	<b>C</b>
	<b>D</b>			\$	<b>D</b>
	<b>E</b>			\$	<b>E</b>
	<b>F</b>			\$	<b>F</b>
<b>15</b>	My total gross monthly household income:		<b>13</b>	Total other money:	
<b>16</b>	My payroll deductions are:		<b>14</b>	My monthly income:	
	<b>A</b>	\$	<b>E</b>	\$	
	<b>B</b>	\$	<b>F</b>	\$	
	<b>C</b>	\$	<b>G</b>	\$	
	<b>D</b>	\$	<b>H</b>	\$	
			<b>17</b>	My total payroll deduction amount is:	
<b>18</b>	My monthly take home pay is		<b>19</b>	My net monthly income:	
<b>20</b>	I own or have interest in the following property:				
	<b>A</b> Cash	\$	<b>C</b> Cars, other vehicles, and boats (List make and year)		
	<b>B</b> Checking and savings (List banks):			Property	Value
	1)	\$	1)	\$	\$
	2)	\$	2)	\$	\$
	3)	\$	3)	\$	\$
	4)	\$			
			<b>D</b> Real estate (List addresses)		
			1)	\$	\$
			2)	\$	\$
<b>21</b>	My monthly expenses are:				
	<b>A</b> Rent or house payment	\$	<b>J</b> Installment payments (specify)		
	<b>B</b> Food and household supplies	\$	1)	\$	
	<b>C</b> Utilities and telephone	\$	2)	\$	
	<b>D</b> Clothing	\$	3)	\$	
	<b>E</b> Laundry and cleaning	\$	Total installment payments:		\$
	<b>F</b> Medical and dental	\$	<b>K</b> Wage assignment or withholdings	\$	
	<b>G</b> Insurance	\$	<b>L</b> Spousal or child support	\$	
	<b>H</b> School, child care	\$	<b>M</b> Other:		
	<b>I</b> Transportation and auto expenses	\$	1)	\$	
			2)	\$	
			Total other expenses:		\$
<b>22</b>	Total monthly expenses:				\$
<b>23</b>	I have attached other information that supports this application on a separate sheet. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

**Signature Section**

<b>24</b>	I declare under penalty of perjury under the laws of the state of California that the information on this form and all the attachments is true and correct.	
	 Signature of Claimant	11/01/07 Date



CONTINUATION PAGE OF VICTIM'S COMPENSATION FORM.  
# 17.

ON THURSDAY, MAY 17TH, 2007 I WAS SCHEDULE FOR A "LIVER BIOPSY" AT THE CLINICAL TREATMENT CENTER (CTC) PBSP, [SEE EXHIBIT "A"] THAT MORNING AT APPROXIMATELY 6:15 AM. I WAS ESCORTED TO THE CLINIC, I WAS TOLD THAT I WAS GOING TO HAVE MY VITAL SIGNS TAKEN PRIOR TO MY "LIVER BIOPSY," TO MAKE SURE ALL WAS NORMAL AND GOOD TO PROCEED. MY VITAL SIGNS WERE TAKEN BY AN R/N AND I ASKED HER IF EVERYTHING WAS OKAY WITH ME, AND SHE RESPONDED "PERFECT." MINUTES LATER I WAS TOLD TO TAKE MY SHIRT OFF, AND I WAS THEN ESCORTED TO A ROOM WHERE I WAS ASKED TO LAY ON A BED. THE OPERATING DOCTOR, DR. SOGGE WALKED INTO THE ROOM, AND ASKED ME TO RAISE MY HANDS ALL THE WAY UP ABOVE MY HEAD, SO HE COULD SEE MY FULL BODY STRETCHED FROM WAIST AND ABOVE. DR. SOGGE THEN ASKED ME TO TAKE A FEW DEEP BREATHS, WHICH I DID. I THEN FELT SHARP TAPS (FROM HIS FINGERS) ON THE RIGHT SIDE OF MY RIB CAGE. DR. SOGGE USED HIS PEN TO IDENTIFY WITH INK, TWO SEPARATE PARTS ON MY BODY. THE TWO MARKS WERE LOCATED INCHES APART FROM ONE ANOTHER. DR. SOGGE THEN PLACED COVERS OVER MY BODY. THE COVERS HAD A HOLE WHERE THE PROCEDURE WAS TO TAKE PLACE. DR. SOGGE THEN TURNED AND GRABBED A GIGANTIC NEEDLE (SYRANGE), AND HE TOLD ME TO TAKE A FEW DEEP BREATHS. I THEN TOOK A DEEP BREATH AND DR. SOGGE TOLD ME TO EXHALE, HE THEN ASKED ME TO TAKE ANOTHER DEEP BREATH WHICH I DID, AND IN THE PROCESS OF ME IN-HALING (INHALATION), I FELT AN IMMEDIATE SHARP PAIN INSIDE ~~ME~~ OF MY BODY, TOWARDS THE CENTER OF MY CHEST. AT THAT POINT I COULDN'T BREATHE NORMALLY. DR. SOGGE SAID THAT, THAT WAS WITHIN NORMAL EXPECTATIONS. AFTER THIS PROCEDURE I WAS THEN ROLLED INTO A DIFFERENT ROOM WHERE TWO OFFICERS WATCHED OVER ME FOR THE NEXT TWO HOURS. DURING THOSE TWO HOURS, R/N WADDELL CHECKED MY TEMPERATURE EVERY 15 MINUTES. DURING A COUPLE OF THE TEMPERATURE CHECKS I TOLD R/N WADDELL THAT I COULDN'T BREATHE NORMALLY BECAUSE I'D GET A PINCHING PAIN ON THE LOWER RIGHT SIDE OF MY STOMACH, AND PAIN TO MY CHEST. R/N WADDELL SAID I WAS OKAY, THAT IT WAS NORMAL AND THAT IT WOULD GO AWAY WHEN THE TWO HOURS ELAPSED, I WAS ABLE TO BREATHE A LITTLE BETTER, I WAS STILL IN PAIN, BUT I WAS TOLD BY R/N WADDELL THAT IT WAS OKAY AND THAT IT WOULD GO AWAY. R/N WADDELL THEN TOLD ME THAT IF I HAD ANY PROBLEM WITH MY HEALTH DUE TO THE LIVER BIOPSY, TO IMMEDIATELY LET MEDICAL STAFF KNOW, [SEE EXHIBIT "B."] I WAS THEN ESCORTED BACK TO MY CELL. THAT SAME NIGHT I RECEIVED VIA INSTITUTIONAL MAIL, A PBSP INSTRUCTIONS FOR PERCUTANEOUS LIVER BIOPSY, [SEE EXHIBIT "B."] WHICH INSTRUCTED ME TO LET MEDICAL STAFF KNOW IF I DEVELOPED "SHORTNESS OF BREATH," "PERSISTENT BLEEDING FROM PUNCTURE SITE," "ABDOMINAL DISTRESS," "FAINTING SPELLS," OR "FEVER," TEMPERATURE GREATER THAN 100 DEGREES BY MOUTH."

THE FOLLOWING DAY, MAY 18TH, 2007, I HAD TROUBLE SLEEPING AND FELT A LITTLE PAIN THAT WOULD COME AND GO. I DID NOT BRING THIS FACT TO MEDICAL STAFF BECAUSE I HAD BEEN ASSURED BY R/N WADDELL THAT IT WAS NORMAL TO HAVE A LITTLE PAIN, AND THAT IT WOULD GO AWAY.

ON SATURDAY, MAY 19TH, 2007, I AWOK UP AT ABOUT 5:00 AM. I FELT PAIN TO MY CHEST AND STOMACH AREA. THE PAIN WOULD COME AND GO IN SPORADIC BURSTS. LATER THAT DAY DURING 2ND WATCH, I WAS ONCE AGAIN HAVING PAIN TO MY CHEST AND STOMACH AREA, AND WAS HAVING TROUBLE BREATHING. I THEN TOLD CONTROL BOOTH OFFICER JOHN DOE, THAT I HAD JUST HAD ~~THE~~ A "LIVER BIOPSY" TAKEN ON MAY 17TH, 2007 AND THAT I WAS HAVING PAIN TO MY STOMACH AND CHEST, AND THAT I WAS TOLD BY MEDICAL STAFF TO INFORM THEM IF I WAS HAVING ANY COMPLICATIONS. CONTROL BOOTH OFFICER JOHN DOE DID NOT CALL MEDICAL STAFF, THUS NO ONE CAME TO SEE ME, AND I WAS FORCED

TO ENDURE SPORADIC PAINS ALL DAY AND NIGHT.

ON SUNDAY, MAY, 20TH, 2007 I ONCE AGAIN AWOKED EARLY AT ABOUT 4:00 OR 5:00 AM. THE PAIN I WAS NOW EXPERIENCING WAS STRONGER. I STARTED GETTING WORRIED BECAUSE THE PAIN WAS MORE FREQUENT, AND WAS NOT GOING AWAY. MY CHEST AND STOMACH AREA WAS SEVERELY BOTHERING ME, AND I STARTED GETTING LIGHT HEADED AND SHORTNESS OF BREATH. I FELT THIS WAY MOST OF THE DAY, AND CAME TO THE POINT THAT I COULD NO LONGER TAKE THE PAIN. ON 2ND WATCH I TOLD C-4 FLOOR OFFICER COX THAT I HAD JUST WENT THROUGH A "LIVER BIOPSY ON (THU) MAY 17TH, AND THAT I WAS HAVING PROBLEMS BREATHING, AND THAT MY CHEST AND STOMACH WERE BOTHERING ME, AND THAT I WAS IN SEVERE PAIN. C/O COX MERELY BRUSHED MY MEDICAL CONDITION ASIDE AND DID NOTHING TO OBTAIN/ACQUIRE MEDICAL ASSISTANCE FOR ME. I WAS FORCED TO ENDURE PAIN AND SUFFERING THE ENTIRE DAY WITHOUT MEDICAL TREATMENT.

ON MONDAY, MAY 21ST, 2007 THE PAIN JUST INCREASED AND I STARTED GOING THROUGH SOME EXCRUCIATING PAINFUL BOOTS. I TOLD CONTROL BOOTH OFFICER C/O SHIPPLEY AND FLOOR OFFICER C/O DOERING. I TOLD SHIPPLEY THAT I NEEDED TO SEE THE DOCTOR BECAUSE THE PAIN WAS KILLING ME. I TOLD SHIPPLEY THAT I HAD JUST GOTTEN A "LIVER BIOPSY" ON THE 17TH, (FEW DAYS AGO) AND THAT I WAS HAVING PROBLEMS BREATHING AND THAT MY CHEST AND STOMACH WERE BOTHERING ME. TIME PASSED AND NO MEDICAL STAFF ARRIVED, SO I ASKED C/O SHIPPLEY, "WHAT HAPPENED TO THE DOCTOR?" SHIPPLEY SAID, "I TOLD THEM ALREADY." I THEN STATED, "I NEED TO SEE A DOCTOR NOW, I'M IN PAIN!" HE SAID HE WOULD CALL AGAIN. I DID NOT SEE MEDICAL STAFF ON 2ND WATCH, DESPITE MY NUMEROUS REQUESTS. HOURS PASSED AND DURING THIRD WATCH, AT ABOUT 5:30 PM. THE PAIN GOT SO BAD THAT I HAD TO LAY ON MY BED HOLDING MY STOMACH AND CHEST, JUST RUBBING IT, HOPING THE PAIN WOULD GO AWAY. THE PAIN GOT SO SEVERE THAT I COULD NOT TAKE IT, AND PRISONERS IN MY SECTION HAD TO CALL HELP FOR ME. I JUST LAYED IN BED WAITING FOR MEDICAL STAFF TO ARRIVE. THE FIRST PERSON TO ARRIVE WAS C/O JONES. I TOLD C/O JONES, "I HAD A "LIVER BIOPSY" ON THE 17TH, AND I'VE BEEN HAVING PROBLEMS EVER SINCE. C/O JONES SAID HE WAS GOING TO SEE IF HE COULD GET THE MEDICAL-TECHNICIAN ASSISTANT (MTA) TO COME OVER. A FEW MINUTES LATER C/O JONES AND C/O McNAMARA ARRIVED AT THE FRONT OF MY CELL. C/O McNAMARA STARTED ASKING ME QUESTIONS REGARDING MY HEALTH STATUS. I TOLD HIM PRACTICALLY THE SAME THING I HAD TOLD C/O JONES, THAT I HAD A "LIVER BIOPSY" ON THURSDAY THE 17TH, AND THAT I'D BEEN HAVING SEVERE PAIN. I TOLD C/O McNAMARA THAT I FELT LIKE PASSING OUT, THAT I COULDN'T BREATHE. C/O McNAMARA STARTED ARGUING WITH THE CONTROL OFFICER JOHN DOE, BECAUSE THE CONTROL OFFICER WOULDN'T GET THE SERGEANT TO OUR CELL (F-SECTION). THE CONTROL C/O JOHN DOE WAS SAYING, "THE SGT. IS REFUSING TO COME OVER HERE." C/O McNAMARA YELLED BACK FRUSTRATED, "PUSH YOUR ALARM IF YOU HAVE TO, BUT THE SGT. NEEDS TO GET HIS ASS OVER HERE!" MTA JANE DOE ARRIVED TO THE FRONT OF MY CELL. SHE WAS ALREADY BRIEFED BY C/O McNAMARA, ON MY SITUATION. SHE ASKED WHERE THE PAIN WAS AND TO WHAT LEVEL IT WAS, 1-5 FIVE BEING THE WORST. I, STILL LAYING IN BED, AGONIZING, STARTED MAKING HUGE CIRCLES WITH MY RIGHT HAND, INDICATING THAT THE PAIN WAS EVERYWHERE FROM WAIST AND ABOVE. THE ONLY THING I WAS ABLE TO TELL HER DUE TO THE EXCRUCIATING PAIN I WAS EXPERIENCING WAS, "I HAD A LIVER BIOPSY ON THURSDAY THE 17TH . . . ." I DIDN'T HAVE THE STRENGTH TO TALK AFTER THAT. I JUST LAYED THERE, AGONIZING. I HEARD McNAMARA STILL ARGUING WITH CONTROL OFFICER, THEN I HEARD MY ~~NEIGHBOR~~ NEIGHBOR VILLINES #K99130 (4-223) TELL OFFICERS AND MTA "WHY DON'T YOU PRESS YOUR ALARM? WHAT ARE YOU WAITING FOR?!" C/O McNAMARA TOLD HIM TO SIT HIS ASS DOWN OR HE'LL WRITE HIM UP FOR INCITING A RIOT!" AFTER THAT, I NO LONGER HEARD ANYONES VOICE. I LOST CONSCIOUS BEFORE THE SGT GOT TO OUR BLOCK. I AWOKED MINUTES LATER TO OFFICERS CUFFING MY HANDS BEHIND MY BACK. I WAS PLACED ON A STRETCHER AND TAKEN DOWN THE F.POD STAIRS, AND OUT OF THE UNIT. I THEN HAD MY VITAL SIGNS TAKEN BY MTA. JANE DOE. THE RESPONDING SGT. WERE ; SGT. STRAIN AND SGT. JOHN DOE. — I WAS THEN TRANSPORTED TO CTC. ONCE AT CTC I WAS SEEN BY R/N JOHN DOE, (A THIN WHITE MALE. HE WAS AN OLDER MAN).



(R/N JOHN DOE'S NAME'S UNREADABLE ON EKG FORM). I WAS SEEN BY R/N JOHN DOE WHO PROCEEDED IN PLACING EKG CABLES ON ME TO MONITOR MY HEART, AND THEN TOOK MY VITAL SIGNS. R/N JOHN DOE GAVE ME SOME PILL'S TO TAKE AND A LIQUID DRINK. HE SAID THAT, THAT WOULD MAKE ME FEEL BETTER. I THEN SPECIFIED AND TOLD R/N JOHN DOE THAT I HAD JUST HAD A "LIVER BIOPSY" ON THURSDAY THE 17TH, AND THAT I'D BEEN HAVING MEDICAL, MEDICAL PROBLEMS EVER SINCE. I FURTHER TOLD HIM THAT I'D BEEN HAVING SEVERE PAIN TO MY CHEST AND STOMACH AREA, AND BEEN HAVING TROUBLE BREATHING. I ALSO SAID THAT I WANTED SOME EXAMS TO BE MADE. R/N SAID HE WAS TALKING TO DR. WILLIAMS ON THE PHONE CONCERNING MY MEDICAL CONDITION. R/N JOHN DOE THEN SAID, "WE'LL SEE WHAT WE CAN DO FOR YOU. A FEW HOURS LATER I WAS SENT BACK TO MY CELL WITH A PRESCRIPTION OF NEXIUM 20 MG. I WAS NOT GIVEN ANY MEDICAL TREATMENT FOR MY SERIOUS MEDICAL CONDITION. R/N JOHN DOE AND DR. WILLIAMS BOTH KNEW AND WERE AWARE THAT I HAD JUST HAD A "LIVER BIOPSY," AND THAT I WAS HAVING STOMACH AND CHEST PAIN AND WAS EXPERIENCING SHORTNESS OF BREATH, WHICH WERE ALL CONSISTENT WITH THE P.B.S.P. POST-OP INSTRUCTIONS FOR PERCUTANEOUS LIVER-BIOPSY WHICH I WAS GIVEN AND WAS ALSO IN MY MEDICAL FILE, WHICH MEDICAL STAFF WERE AWARE OF. DESPITE ALL OF THESE OVERWHELMING FACTS, I WAS STILL NOT GIVEN TREATMENT, AND I WAS FORCED TO ENDURE SEVERE PAIN AND SUFFERING, AND WAS SHOWN DELIBERATE INDIFFERENCE TO MY MEDICAL NEEDS.

ON TUESDAY, MAY 22ND, 2007, THE SEVERE PAIN I WAS EXPERIENCING CONTINUED TO ESCALATE AND I ONCE AGAIN TOLD 2ND WATCH CONTROL BOOTH OFFICER SHIPLEY TO CALL THE DOCTOR FOR ME. R/N BREE CAME TO SEE ME, SHE TOOK MY VITAL SIGNS AND MERELY SAID MY BLOOD PRESSURE WAS A LITTLE HIGH. I THEN TOLD HER, AS I HAD CONTINUOUSLY TOLD MEDICAL STAFF, THAT I HAD JUST HAD A "LIVER BIOPSY ON THURSDAY THE 17TH, AND I'D BEEN HAVING PAIN EVER SINCE. I TOLD HER I'D BEEN HAVING SEVERE STOMACH AND CHEST PAINS AND HAD BEEN EXPERIENCING SHORTNESS OF BREATH AND TROUBLE BREATHING. R/N BREE PAID NO HEED TO MY COMPLAINTS. I THEN TOLD HER I WANTED SOME EXAMS TAKEN AND I WANTED TO SEE A DOCTOR. R/N BREE SAID THAT THE DR. WAS AWARE AND, I'D BE PUT ON THE DOCTOR'S LIST FOR THE FOLLOWING DAY. R/N BREE SAID THAT BIOPSY NURSE WADDELL WAS ALSO NOTIFIED. R/N BREE WOULD JUST TELL ME TO RELAX. I INSISTED THAT IT'S BEEN DAYS SINCE I'VE HAD THE PAINS, AND HAVE NOT GOTTEN ANY TREATMENT. DESPITE MY COMPLAINTS AND R/N BREE'S KNOWLEDGE (ALONG WITH DR. ROW AND BIOPSY NURSE WADDELL) OF MY SERIOUS MEDICAL CONDITION, I WAS NOT GIVEN ANY TREATMENT AND WAS SENT BACK TO MY CELL.

LATER THAT SAME DAY (05/22/07) DURING 3RD. WATCH, I ONCE AGAIN COMPLAINED ABOUT MY SERIOUS MEDICAL NEEDS/PROBLEMS, AND I WAS ESCORTED BY %O QUAM AND %O MILLS TO THE P.B.S.P. C&D FACILITY SHU. MEDICAL OFFICE. I SAT STRADDLING A CHAIR. R/N TIMME, DAVID THEN TOOK MY VITAL SIGNS, AND THEN SAID WITH A SMIRK ON HIS FACE, "YOU KNOW GOMEZ, IT SEEMS TO ME THAT YOU ONLY COMPLAIN ABOUT PAIN AFTER DINNER." I TOLD HIM THAT WASN'T TRUE, THAT I HAD COMPLAINED AT ALL TIMES. I REQUESTED TO SEE A DOCTOR BECAUSE OF THE SEVERE PAIN TO MY STOMACH, AND ~~AND~~ CHEST, AND SHORTNESS OF BREATH. I ALSO SAID I JUST HAD A "LIVER BIOPSY" ON THURSDAY 17TH, AND WANTED SOME EXAMS TAKEN. R/N TIMME, DAVID REFUSED TO PROVIDE ME MEDICAL TREATMENT FOR MY SERIOUS MEDICAL NEEDS, AND I WAS NOT SEEN BY A DOCTOR. %O MILLS TOLD ME TO GET UP. I TOLD HIM I WAS HAVING TROUBLE AND I WAS TRYING TO GET MEDICAL ATTENTION. %O MILLS THEN ASKED R/N TIMME, "ARE YOU DONE?" R/N TIMME RESPONDED, "YES WE'RE DONE!" %O MILLS THEN GRABBED MY ARM WITH A TIGHT GRIP AND SAID, "COME ON GOMEZ, WE HAVE AN EMERGENCY TO ATTEND TO." I SAID, "WHAT ARE YOU TALKING ABOUT? THIS [IS] AN EMERGENCY." MY HEALTH'S IN SERIOUS DANGER." I TOLD %O MILLS I WAS HAVING TROUBLE BREATHING AND WAS HAVING EXCRUCIATING PAIN, AND THAT I WAS ONLY TRYING TO GET MEDICAL ATTENTION. %O MILLS MERELY GRABBED MY ARM TIGHTER WITH BOTH HANDS AND TOLD %O QUAM TO GRAB ME. %O MILLS AND %O QUAM THEN PHYSICALLY AND HARSHLY YANKED ME FROM THE CHAIR AND THREW ME TO THE GROUND. I FELT PUNCHES TO MY BACK (LOWER PART OR MIDSECTION), I WAS THEN

I WAS THEN DRAGGED ALMOST ALL THE WAY TO THE DOOR. WHEN I WAS BEING DRAGGED I SAW R/N JANE DOE, WHO I HAD SEEN THE DAY BEFORE. PRIOR TO ME BEING YANKED FROM CHAIR, R/N JANE DOE ALSO WAS TRYING TO HURRY ME OUT OF THERE, DUE TO SOME OTHER EMERGENCY. BOTH R/N TIMME AND R/N JANE DOE WITNESSED ME BEING ASSAULTED, BUT NEITHER ATTEMPTED TO INTERVENE IN STOPPING %O MILLS AND QUAM FROM BEATING AND DRAGGING ME. WHEN I WAS FINALLY ABLE TO GAIN A LITTLE STRENGTH, I STARTED WALKING VOLUNTARILY. I WAS TAKEN BACK TO MY CELL. I WAS NOT GIVEN ANY TYPE OF MEDICAL CARE FOR MY SERIOUS MEDICAL NEEDS. I WAS FORCED TO ENDURE SEVERE PAIN TO MY STOMACH AND CHEST AREA, AND THE USE OF EXCESSIVE AND UNNECESSARY FORCE USED AGAINST ME BY OFFICER'S MILLS AND QUAM. MEDICAL STAFF KNEW I NEEDED MEDICAL TREATMENT, BECAUSE I HAD CONTINUOUSLY COMPLAINED ABOUT MY CONDITION. YET DESPITE THIS, I WAS UNJUSTIFIABLY DENIED MEDICAL CARE.

ON WEDNESDAY, MAY 23, 2007. I AGAIN COMPLAINED CONCERNING MY MEDICAL CONDITION AND THE PAIN I WAS HAVING. I WAS SEEN ONCE AGAIN BY R/N BREE, WHO MERELY TOOK MY VITAL SIGNS. I TOLD HER THAT I WAS FEELING BAD AND MY CONDITION WAS GETTING WORSE. I TOLD HER THAT SHE HAD SAID, I WOULD SEE THE DOCTOR TODAY, AND THAT I HAD ALREADY TURNED IN TWO SICK-CALL SLIPS (7362 FORMS). DESPITE MY CONTINUED COMPLAINTS AND THE FACT THAT I WAS EXPERIENCING SEVERE PAIN, I WAS STILL NOT PROVIDED MEDICAL CARE, AND WAS SENT BACK TO MY CELL.

LATER THAT SAME DAY 05/23/07, AT ABOUT 1:20 PM OR SO, I COULD NO LONGER DEAL WITH THE PAIN I WAS EXPERIENCING, AND THE PRISONER'S IN MY SECTION CALLED THE CONTROL BOOTH OFFICER %JOHN DOE AND TOLD HIM THAT I NEEDED MEDICAL ATTENTION. AT APPROXIMATELY 1:20 OR SO, I WAS ESCORTED TO THE C-FACILITY CLINIC. MY VITAL SIGNS WERE TAKEN A FEW TIMES, I WAS FINALLY ALLOWED TO SEE DR. LINDA ROWE. I TOLD ROWE THAT I HAD A LIVER BIOPSY ON THE 17TH (SIX DAYS AGO) AND THAT I'D BEEN HAVING PAIN EVER SINCE. DR. ROWE SAID SHE WAS WELL AWARE OF MY CONDITION, BECAUSE OF ALL MY COMPLAINING I'D BEEN DOING. DR. ROWE THEN ARRANGED FOR ME TO GO DOWN TO C.T.C. [ONLY] AFTER I HAD TOLD SERGEANT STRAIN (WHO WAS PRESENT) THAT HIS OFFICER'S %O MILLS AND QUAM HAD ASSAULTED ME THE PREVIOUS NIGHT, DUE TO THIS STATEMENT SGT. STRAIN HAD R/N BREE LOG DOWN MY PHYSICAL, VISIBLE INJURIES CONCERNING EXCESSIVE FORCE. DUE TO THE EXCESSIVE USE OF FORCE USED ON ME BY %O MILLS AND %O QUAM, I RECEIVED A RIGHT SCRAPED KNEE AND A RIGHT ARM BRUISED UP. THESE WERE JUST THE VISIBLE INJURIES, I ALSO HAD BRUISED RIBS AND MIDDLE BACK PAIN.

AT APPROXIMATELY 3:00 PM, I WAS FINALLY ESCORTED TO PBSP C.T.C., WHERE R/N JOSE TOOK MY VITAL SIGNS AND ORDERED AN AMBULANCE FOR ME. AMBULANCE PERSONNEL, MR HUNT AND HIS PARTNER JOHN DOE DROVE ME TO SUTTER COAST HOSPITAL (SCH). I WAS BEING ~~GUARDED~~ GUARDED BY %O GAPHART, AND %O DURHAM ALONG WITH SGT JOHN DOE (THE SAME SGT WHO WAS REFUSING TO ATTEND TO THE EMERGENCY ON MAY 21, 2007). I WAS FORCED TO WAIT IN THE HALL-WAY BECAUSE THERE WASN'T ANY ROOM IN THE HOSPITAL. WHEN I WAS FINALLY TAKEN TO A ROOM, I WAS PLACED ON A BED FOR WHAT SEEMED LIKE A LONG TIME. I COMPLAINED ABOUT MY MEDICAL CONDITION, PAIN, AND REQUESTED TO SEE A DOCTOR. I WAS TOLD BY R/N JANE DOE THAT THE DOCTOR WAS BUSY TRYING TO SAVE OTHER LIVES. I TOLD JANE DOE THAT I WAS GOING THROUGH SEVERE PAIN AND I NEEDED PAIN MEDICATION. SHE JUST REFUSED MY REQUEST WITHOUT ANY EXPLANATION. I TOLD OFFICER'S THE SAME THING AND THEY MERELY SHRUGGED THEIR SHOULDERS. I THEN AFTER A WHILE OF WAITING, TOLD %O GAPHART AND %O DURHAM THAT I FELT LIKE THROWING UP, THEY JUST GRABBED A PLASTIC BUCKET TRAY AND GAVE IT TO ME. AS SOON AS I WAS GIVEN THAT BUCKET TRAY, I STARTED VOMITING BLOOD, PURE BLOOD. THE BLOOD COVERED THE WHOLE BOTTOM OF THE BUCKET. THE TWO OFFICER'S THEN TOLD R/N JANE-DOE THAT I WAS THROWING UP BLOOD. AFTER I VOMITED BLOOD I WAS FINALLY TOLD I'D BEEN ADMITTED TO THE HOSPITAL, I WAS FINALLY GIVEN PAIN MED.



ONCE AT "SUTTER COAST HOSPITAL" I WAS ALSO SUBJECTED TO THE SAME DELIBERATE AND INDIFFERENT TREATMENT. I WAS THERE FROM THE 23RD UNTIL THE 25TH OF MAY, AND ONLY DISTURBED ME MENTALLY AND EMOTIONALLY BY MAKING ME THINK I WAS GOING TO DIE THERE. DURING THOSE TWO DAYS I DID NOT RECEIVE MEDICAL TREATMENT FOR MY LACERATED VEIN. I DID NOT RECEIVE A BLOOD TRANSFUSION KNOWING I WAS BLEEDING INTERNALLY FOR SIX INTO THE SEVENTH (?) DAY. I DID NOT RECEIVE TREATMENT UNTIL I ARRIVED AT UCSF.

UNTIL I ARRIVED AT UCSF.  
AS A DIRECT RESULT OF PBSP AND SUTTER COAST HOSPITAL'S MEDICAL STAFFS' DELIBERATE INDIFFERENCE AND FAILURE TO PROVIDE ME WITH MEDICAL CARE, MY CONDITION PROGRESSIVELY GOT WORSE. DR'S LINDA ROW, DR. WILLIAMS WERE WELL AWARE OF MY SERIOUS POTENTIAL FATAL CONDITION, BECAUSE WHEN I SEEN HER, (05/23/07) SHE TOLD ME SHE KNEW OF IT, AND HAD ACCESS TO MY FILES (MEDICAL FILES) AND SUPERVISED THE R/N'S THAT I REPEATEDLY COMPLAINED TO, YET DESPITE THIS FACT, NONE OF THE DOCTOR'S POWE, LINDA NOR DR. WILLIAMS TOOK ANY ACTION UNTILL MAY 23, 2007, AFTER MORE THAN 4-DAYS OF REPEATEDLY COMPLAINING OF MY POOR HEALTH CONDITION. DR. SAUNDERS ; DR. SCHOMMER ; DR. GURON ; DR. MICHELETTI ; P.A. GINA GASTELUM ; DR. NASH.



RECEIVED

JUN 11 2008

RICHARD W. WICKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

PELICAN BAY STATE PRISON  
5905 Lake Earl Dr  
Crescent City CA 95532



RECEIVED

JUN 11 2008

RICHARD W. WICKING  
CLERK, U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

NAME: GOMEZ, PEDRO

CDC NO: K37471 HOUSING: C4-224

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